TANTRIC HEALING IN THE KATHMANDU VALLEY

ANGELA DIETRICH

Tantric Healing in the Kathmandu Valley

A comparative study of Hindu and Buddhist spiritual healing traditions in urban Nepalese society

by
ANGELA DIETRICH

BOOK FAITH INDIA
Delhi

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PUBLISHED BY
BOOK FAITH INDIA
414-416 Express Tower, Azadpur Commercial Complex
Delhi, India 110 033

DISTRIBUTED BY
PILGRIMS BOOK HOUSE
P.O. Box: 3872
Kathmandu, Nepal
Tel. 977-1-424942, 425919
Fax. 977-1-424943
E-mail: info@pilgrims.wlink.com.np

DESIGNED BY Sherap Sherpa

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FRONTCOVER:
Pancha Raksha Mandala: The mandala of five protections used by *Ratna Raj Guruju*. It is a *jantra* with five circles: outer ring of water, followed by circle of fire, of vajra, then of mantra with an inner circle of lotus. It is written in Newari script.

ISBN 81-7303-177-0

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PRINTED IN INDIA

Foreword

Belief in the spirit world is very common and persists amongst peoples of Himalayan societies, whether tribal groups or Hindus and Buddhists of more complex societies. These spirits range widely between those who need to be worshipped and whose blessings are sought for protection, among other things, of health and material prosperity. Then there are those who are feared and propitiated because they are always out to harm human beings at the slightest provocation.

Both the benevolent and wrathful spirits are believed to dwell in the Valley of Kathmandu in countless number and form objects of unlimited worship and propitiation in the communal and daily life of the Newars—a people with a high material and literary tradition, historically the creators of urban culture in the Valley. Malignant (and protective) deities are generally considered to be various types of Ajima (mother deities). In every locality of Newar settlements, the cross-road is believed to be the dwelling place of Chwasa Ajima ('cross-road spirit'). She is greatly feared and needs to be constantly propitiated to keep her at arm's length, also forming a part of life-cycle rituals in the Newar's social organisation. In fact, the social organisation of the spirit world is part of the social organisation of the Newars themselves. As the Valley is the seat of Newar culture, even the non-Newars who have migrated into the Valley have assimilated, along with other items of culture, the social organisation of the spirit world of the Newar community.

Besides these supra-human powers, there are black magicians and witches whose spirits can enter their victim's body and cause physical harm, including death in some cases. In order to counter the influence of these malignant forces and those possessing supra-natural power like the proverbial *bokshis*, there is a parallel system of beliefs and practices institu-

tionalised in the form of shamanism (or in Nepalese parlance called *jhankriism*) and tantrism. The *jhankri* or the tantrik is believed to possess (counter-) supranatural powers, by virtue of which they can drive out evil spirits or punish them.

Such a system of beliefs and practices is not only a constituent part of the social organisation of the Valley, but also acts to determine the psychology of the members of the society, effecting the conditions of health and hygiene of the people. Thus, a study such as the present one dealing with the relationship between spiritual healing and the society in which it is found significantly enables us to develop a better understanding of the culture of a particular people. Furthermore, through combining the traditional healing system with the allopathic system of treatment a better overall condition of health and hygiene may be facilitated in developing societies. This contention greatly carries weight since, of late, it has been discovered that traditional institutions can be reinterpreted and employed to achieve the objectives of modern development.

Viewed from this perspective, Dr. Angela Dietrich's work enables us to understand the relationship between spiritual healing and urban social organisation as existing in the Valley of Kathmandu, while pointing out that such a system of beliefs and practices crucially reinforces conservative values of society. Thereby, as she contends, a rapid and potentially culturally detrimental process of westernisation has largely been prevented from occurring in Nepal. Besides, she also points out that such a traditional healing system assumes a similar role as that played by the modern psychiatric system in industrial societies, though more appropriately than the latter since the healers in question emanate from the same cultural tradition as their patients. Thus the tantriks, many of whom belong to an elite society, are able to relieve their patients of suffering because most of their ailments have psychosomatic, rather than somatic origin.

One hypothesis of the present researchers' is that resort to such a system of beliefs is evocative of a society still in a pre-industrial stage of development. If this is the case, then what

do we make of the great popularity enjoyed by tantriks like Chandra Swami in the USA and in other parts of the western world? Surely this would serve as an indication of the enduring relevance of tantra, even under modern, post-industrial conditions. Another interesting finding of Dr. Dietrichs' is that modernisation has, under the present conditions, acted to reinforce the gap between rich and poor (the latter being in the majority in Nepal), thereby increasing rather than decreasing the reliance upon tantric healers. This implies that modernisation in this sphere has in fact, proven to be ineffective in introducing the value of rationality, which should be a matter of great concern to the Nepalese planners and administrators.

Although spiritual healing practices in Nepal have been studied previously by anthropologists like A.W.Macdonald, Casper Miller and others, Dr. Angela Dietrich's present work has its own importance. While earlier scholars have predominantly studied healing practices deriving from folk cultures, especially of the Tibeto-Burman tribal groups, she has uniquely focused upon the urban inhabitants of the Kathmandu Valley. This includes the high castes who have been educated in a western sense and are thus supposed to be 'rational', and imbued with scientific temperament. Surprisingly, she finds little or no difference between rural and urban individuals in matters of the beliefs and practices pertaining to tantric healing and belief in its efficacy.

In sum, this important contribution to the Anthropology of Healing in South Asia should be well received by social scientists and planners, particularly those engaged in health care responsibilities in Nepal. It should appeal as well to those who have, with the passage of time, become critical of an unreflected adoption of western systems of diagnosis and curing.

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Table of Contents

Foreword by Dr. G. S. Nepali.....iii
Preface.....ix
Introduction.....xi
Acknowledgement.....xv

CHAPTERS

1. Ayurveda.....1
2. Tantra:.....17
3. Tantrism in the Kathmandu Valley.....34
4. The Healing Experience.....61
5. Healers and Healing Traditions.....119
6. Catalogue of Healing Techniques and Materials.....160
7. Witchcraft and the Healer.....184
8. Self-healing: A Viable Alternative?.....204
9. Appendix (A).....215
10. Appendix (B).....221
11. Appendix (C).....250
12. Glossary.....259
13. Bibliography.....262

Preface

The tantric healing tradition is part of a 'magical world view' rendered largely obsolete in the industrialised countries. Particularly in these societies there has been a marked upsurge of interest in various forms of traditional healing especially since the allopathic method of treatment brackets out the human dimension of the healing experience. A trip to the doctor, may in consequence, entail a detached, clinical mode of treatment harbouring an attitude of insensitivity on the part of the practitioner towards the psychically causative aspects of disease. The resurgence of interest in traditional healing is evocative of the fact that people in the developed countries are becoming more critical of this one-sidedness. They are instead seeking recourse to alternative, holistic methods of healing in place of, or supplementary to, the dominant allopathic mode.

A study of tantric healing in Nepal would appear timely, constituting an appropriate response to a widespread disenchantment with technologically-based 'miracle cures'. This serves to endow a religious perspective which views supernatural or mind-created phenomena to lie at the root of mental or physical afflictions with greater rationality.

The present work presents a comprehensive overview of tantric healing modes, together with a socio-cultural survey of people's experiences of healers and of those supernatural forces commonly believed to exist in Nepal - spirits, witches and deities. The healers in question are notably not the shamans known as *dhamis* and *jhankris* usually associated with traditional healing in Nepal. They are instead known by their main tantric healing technique, that of *jhar-phuk*, sweeping away the negative forces believed to account for ill health or misfortune, and blowing on the positive, regenerative forces in their place. Though spanning most of the ethnic groups residing in the Kathmandu Valley, this tradition is more strongly entrenched amongst the Valley's original inhabitants, the Newars.

Shamans in Nepal are normally thought of as residing in the hilly and mountainous regions, though they are also numerous in the (mostly flat) southern Terai belt. Their practices differ from those of tantric healers in that shamans invariably offer blood sacrifice to appease the angered spirits, deities or witches considered responsible for their clients calamity. Furthermore, their client's troubles are frequently believed to derive from "soul loss" so that it becomes the shamans' task to retrieve their clients' souls. The tantric healers, for their part, rely predominantly on mantras as their main (spiritual) healing technique and are thus an integral part of the Hindu and Buddhist "Great Tradition" of tantra characteristic of Kathmandu Valley culture and religion.

Introduction

With the steady growth of literacy, coupled with the development of the modern medical infrastructure, it is often thought that traditional healing systems are experiencing a marked decline. Supernatural beliefs, it is often assumed, have become weakened, especially with the rise of modernisation and westernisation penetrating the formerly reclusive Kingdom of Nepal which did not open its portals to the outside world until the middle of the twentieth century. The present study, though, has revealed that due to a steady stream of migrants from rural areas bringing with them their own indigenous culture, coupled with the endurance of the Newar tradition, these beliefs continue mostly unabated, even in the urban sphere.

An important focus of the present study is the patients' own healing experience based on the interaction between client and healer. It also entailed the identification of the supernatural beliefs found amongst particular social groups, and their actual experiences in this sphere probed. One object of particular interest was the contrast between male and female complaints, the disorders characteristic of the respective genders and, to a lesser extent, of specific ethnic groups or castes. The kinds of supernatural complaints, whether caused by witchcraft, the presence of malignant spirits or angered deities were considered, especially in regard to the causation of certain somatic and psychosomatic disorders. Through the employment of the anthropological technique of participant-observation and a questionnaire survey, it was sought to find and evaluate responses to certain questions deemed crucial for the consequent evaluation of the healing experience: who suffers most, from what kind of complaint, what kind of treatments were administered, with what degree of success?

Against the background of the discussion about ayurveda and tantra, the materials and procedures adopted by healers, together with their specific world views, were examined. A

cross-section of healers focused on in my study, representatives of the various strands making up the indigenous Valley healing traditions, were introduced. They include, first and foremost, the *jhar-phuk baidya*, - the word 'baidya' or 'vaidya' deriving from ayurveda, the healing system in which they are partially rooted forming for this reason, the focus of Chapter One. This was followed by those grounded in the monastic traditions of Mahayana and Theravada Buddhism, encompassing independent Hindu and Buddhist healers only nominally part of an established healing tradition. An object of particular interest was the *deo-ma*, the female medium for the goddess of healing in the Kathmandu Valley, the Hariti Ajima, whose temple is located at the site of Kathmandu's oldest and one of the most venerated Buddhist shrines, Swayambhu Stupa.

It was shown how two radically different healers, one grounded in Hindu and the other in Buddhist tantra, handled cases necessitating the exorcism or countering of a witch or of the latter's curse. This form of supernatural affliction is thought to be especially malignant in the present cultural context since the witch is not considered amenable to propitiation by the normal technique applied to spirits and deities. The witch (*bokshi* in the current lingua), since she – or, more seldom, he – is considered human, must be countered using similar tantric methods to those they themselves employ. A particularly recalcitrant *bokshi* may even be punished by a tantric expert, a measure which can entail the application of considerable cruelty towards the former or her 'vehicle', as documented in the present study.

The chapter is rounded off by a case study of a chronic patient which, though grievous in nature may in fact, not be untypical of those cases handled by tantric healers. A victim of circumstances beyond her own control, in consequence she believed herself to be afflicted by supernatural forces similarly not amenable to control through ordinary human means. The intervention of a healer was thus sought by the victim to combat the forces believed to be exacerbating her condition, though they can not be said to have been originally responsible for it.

The final chapter is devoted to an exposé of some significant methods of self-healing grounded in tantra, along with an exploration of its continued viability in the present age. In conclusion, the positive and negative aspects of tantric healing were compared and contrasted. The discourse also explored the possible significance of spirit or deity-caused afflictions as having overall positive implications for the maintenance of the balance of cosmic and mundane forces. Those illnesses and incidents of misfortune believed to be caused by witchcraft were considered, in contrast, unequivocally negative. This phenomenon was consequently viewed as having definite implications for the perpetuation of social inequalities and injustices on a macrosocial level.

Acknowledgements

This book originated as a PhD thesis which I submitted to Tribhuvan University, Kathmandu in 1997, in the Department of Culture, headed by Dr. Ram Niwas Pandey. Besides the latter, who enriched the present work through discussions on tantra I held with him on several occasions in his department office in Kirtipur, I owe a dept of gratitude to many others, only some of whom I am able to mention here. Chief amongst these is without doubt my guide and mentor, the cultural anthropologist Dr. Prem Kumar Khatry, officiating as director of the Centre for Nepalese and Asian Studies (CNAS) at Tribhuvan University. Without the assistance of Prem and his wife Punya Khatry (nee Nakarmi), especially in terms of setting a foot in the door of the healers' practices, making an initial contact with them would have been rendered far more difficult. Their warm hospitality and moral support made the period of research far more pleasurable and fruitful than it would otherwise have proven to be.

In this context, I would like to express my gratitude towards my research assistants who worked patiently and painstakingly with me in holding interviews and completing the onerous task of conducting a questionnaire survey. Even in twentieth century Nepal, it still, as I was made to realise, requires exceptional courage and determination to tackle a subject which is as ridden with potential dangers for the investigator, as the present one. The dangers inhere in possible supernatural sanctions perpetrated by the tantric practitioners, especially as they are often whimsical characters, believed to be occasionally prone to abusing their powers to harm instead of heal. This explains my usage of mainly male assistants, although a considerable effort was made to recruit females in their stead. It was ultimately only possible to recruit two women (besides Mrs. Khatry as mentioned), one of whom, a student of anthropology, withdrew her services prematurely

due to her academic commitments. The other female, a medical doctor, was professionally and personally interested in the field, but due to her work and family pressure not to indulge in such pursuits, could not oblige me fully. Thus, I was left with no option other than to rely mainly on male assistants, though many females were in the process helpful as informants. In any event, my choice of assistants proved to be fortuitous and crucially contributed to the success of the present study.

My main assistant for participant-observation and interview work, Asta Man Buddhacharya, as a tantric initiate and son of a healer, had intimate familiarity with curing and other aspects of Newar tantra. Besides exhibiting sensitivity and insightfulness in conducting the research, he also generously provided chauffeur services and companionship. The chief researcher conducting the questionnaire survey, Karna Bahadur Shahi, has vast experience when it comes to shamanism in far western Nepal which was useful in the evaluation of tantric healing. As a migrant to Kathmandu from that area, he could in addition, contribute his understanding of the problems surrounding migration and its implications for illness and healing.

Others worthy of mention include Dr. Lakshman Shakya (alias Shushoban), an ex-monk who had been practising Buddhist monastic healing. He acquainted me with a unique system of (self-) healing deriving inspiration from Theravada Buddhism, besides helping me to conduct numerous interviews and informal chats chiefly with Newar Buddhist healers and clients. Another guiding light was the psychiatrist Dr. Dhruba Man Shrestha, who took the trouble to explain many psychosomatic symptoms to me rationally which otherwise would have remained a mystery. The renowned Nepalese anthropologist Dr. Gopal Singh Nepali was crucially helpful in making a critical assessment of the thesis when it finally materialised on paper. His own works provided many useful insights into the inner workings of Newari culture. Credit also goes to the author Sudhir Kakar, whose own work in a similar field, though related to India, served as a significant inspiration to the present one.

Crucial to the success of my study were, of course, the many healers who so generously contributed their time and effort to the elucidation of their art. Although they did not always understand the nature of academic enquiry - sometimes believing that I must have harboured secret intentions to practice tantric healing myself - it must be said to their credit that they mostly responded to my interest in their pursuits in a good-natured manner. Their names, it must be noted, have not been changed as they are conducting a public function and would probably welcome more non-Nepalese clientele or even merely interested observers to visit their practices.

Last not least, mention must be made in a spirit of indebtedness and sisterhood of my 'case study', Lakshmi Devi (a pseudonym), though I regret that it was not possible to help her more while documenting and empathising with her tragic plight. My only hope is that the present documentation of her case can potentially act to increase an overall understanding of the problems faced by lower class and -caste women, wives in polygamous marriages and those abandoned by their husbands. The hardship they are made to endure as a consequence of their marginality in the present social context has never before, to my knowledge, been fully brought to light in this form. It is to them and to the many other women suffering due to injustice under a patriarchal system which still tends to stigmatise such victims of circumstance as (potential or actual) witches, that I dedicate this work.

Chapter 1

Ayurveda

"The physicians know how to make women fertile and how these can give birth to boys or girls... They heal diseases usually by ordering suitable foods and not by use of medicines. Mostly they employ drugs as cataplasms or by rubbing into the skin because other means are not free of undesirable effects." (From *Indica*, quoted in Clifford,1984,p.36).

This quotation from an early travel account of India having touched upon ayurveda, South Asia's most ancient "science of longevity", evokes one of its central premises: to cure gently, albeit more slowly than allopathy, in conformity with the laws of nature minus the harmful side-effects one often encounters in the course of conventional medical treatment. The Sri Lankan anthropologist, Gananath Obeyesekere, has referred to the pervasive importance of ayurveda in the present cultural context thus: "Without some awareness of the theory of ayurvedic medicine, it is not possible for us to understand much of what goes on in the minds of men in the South Asian world" (1977,p.155). Having designated the countries of Southeast Asia as also within the purview of ayurveda, it would have been wise to include even the Northern Asian sphere, since this curative system exerted a decisive influence on the Tibetan medical tradition which has since become as widespread as ayurveda.

Ayurveda, in the opinion of many observers, has largely determined the Asian cultural image, not only of the body, but of the entire persona. Although rooted in a magico-religious world view, it still managed to evolve into a rational, largely empirically-based medical system. As articulated by the In-

dian psychologist Sudhir Kakar, "its importance springs from the claim, accepted by generations of ancestors, that ayurveda, the science of longevity, has no beginning and no origin since it partakes and reflects the laws of nature inherent in life and living beings and thus mirrors their unchanging essence" (1984, p.221).

Ayurveda did, in fact, evolve in a specific time frame, between the eighth century BC and seventh century AD. As the name suggests, the Vedas, the most ancient of India's sacred scriptures, comprised the primary inspiration for its inception. The *Rig Veda*, the earliest of these scriptures, contains references to various maladies and their cures – including a prescription for healing fractures - with an entire hymn devoted to magical and medicinal plants. The last Vedic text, the *Atharva Veda*, the earliest source for actual therapeutic prescriptions, also contains mantras, *jantras* (amulets), plant preparations and certain ritual injunctions to alleviate disorders such as possession by a witch, deity or evil spirit. It also contains references to a medicinal plant which could combat malarial fever, the usage of prosthetic limbs, artificial eyes and, surprisingly enough, even dentures (comp. Clifford, 1984,p.35).

The possibility that the systematised development of ayurveda with its eight branches did not however, derive solely from the *Vedas* was suggested by O.P. Jaggi who alleged that it may, in equal capacity, have its roots in the "more advanced cultural complex of the mid-Himalayas" (1973,IV,p.5). This is hardly surprising considering that holy people were wont to retreat into the Himalayas where they discovered the existence of a wide variety of medicinal plants and experimented with their usage. They probably found, to their delight, that the same plants could prolong their lives, thereby expediting their attainment of *moksha*, liberation from the cycle of existence. Therefore, it would appear that this science of longevity was, in fact, not intended first and foremost to prolong one's life in the interest of intensifying one's earthly capacity for enjoyment. The fact that it was used by some people to increase their sexual prowess and that preparations were invented by some *baidyas*—as the ayurvedic physicians are called—to-

wards this aim, does not in principle, alter ayurveda's underlying premise: the prolongation of life towards the aim of spiritual self-realisation.

Ayurvedic philosophy, practices and prescriptions are contained in scriptures known as *Samitas*, the most prominent of which is the *Charaka Samhita*, a revised edition of a lost work, the *Agnivesa Samhita*. For the first time, a thorough classification of ayurveda into eight branches (the Astangas), based on lessons imparted from teacher to student, was undertaken. These summarised not only all the various facets of medical knowledge of the times (previously transmitted orally), but also included the author's own thoughts on the theory and philosophy upon which the medical knowledge was grounded.

The branches of ayurveda are as follows: 1. *salya* or surgery, 2. *salakya*, treatment of disorders of the head and neck; 3. *kayacikitsa*, general medicine or therapy of the organism; 4. *bhuta-vidya*, psychiatry or mental disorders; 5. *kaumara-bhutya*, pediatrics and childhood diseases; 6. *agada*, toxicology (antidotes for poison); 7. *rasayana*, rejuvenation elixirs; 8. *vajikarana*, virilification or the art of aphrodesia. The writer of the *Charaka Samhita*, who had codified these various branches, was himself an expert in internal medicine and techniques of rejuvenation and longevity. That the prolongation of one's life should have received so much attention is perhaps not so surprising considering the short life expectancy of those times, which did not normally exceed 30 or 40 years at the most.

The second most important treatise, the *Susruta Samita*, one of the earliest ayurvedic texts to have reached Nepal, specialised in surgery and its author Susruta was instrumental in having elevated the status of this art, considered polluting in Hindu ethos. Susruta developed the technique to such a degree that surgeons in those times were known for their proficiency in plastic surgery and their ability to remove cataracts, predating western surgery by thousands of years.

A third important ayurvedic treatise in this series, the *Astangahrdaya Samhita*, was compiled by Vagbhata in the

seventh century AD and represents a compendium of salient aspects of the earlier two treatises. The author, although born into a Brahmin family, studied under a Buddhist teacher and adopted Buddhism in the course of time. Vagbhata devoted a chapter of the treatise to the relation between health and morality, and advocated the development of a mental attitude of loving kindness or *metta* as a potential health-giver. He exhorted ayurvedic practitioners to practice the Buddha's compassion and treat all beings, even lowly animals, as equal to oneself.

Contrary to the western medical system, ayurveda is centred first and foremost on the person and not on the particular disorder, mental or physical, it seeks to remedy. The *Charaka Samhita* describes the situation in the following terms: "Mind, soul and body—these three are such as a tripod; the world is sustained by their combination; they constitute the substratum for everything. This combination is the person, *purusa*..." (*Charaka Samhita*, I.i.47, quoted in Sharma & Dash,1976).

In common with tantric ideology, ayurveda views the human being as a microcosm of the universe. Thus, it may not come as a surprise that its vantage point is located in what is known as the *pancha-bhuta* theory, according to which everything in the universe is composed of the five forms of matter - air, fire, earth, water and ether. According to a prominent Kathmandu-based *baidya*, Dr. Mana Vajra Vajracharya, different combinations of these elements account for the formation of the *tri-dosa* (the three humours): ether plus air produces wind, considered the most significant of the three; fire and water produce bile, and water, when combined with earth, produces phlegm. One's state of health or disease results out of the relationship between these three humours (wind, bile and phlegm), which should ideally coexist in a state of dynamic equilibrium. The Indologist Heinrich Zimmer has remarked that these three humours are not just airy, bilious and mucous matter found in the body, but the three principles of life energy (1948,p.52). Disequilibrium is caused, for example, due to an individual's disregard of certain rules or ethical standards; lack of basic hygiene; the disregard of ayurvedic dietary prescriptions (eating at the wrong time or the wrong

combination of foods thought to possess hot or cold qualities); or external factors inhering in the effect of astrological or environmental influences including weather and seasonal changes, on the organism.

Ayurveda is a holistic system, according to Kakar, designed to restore the balance of bodily elements to promote good health through the ingestion of environmental matter in the correct form, amount, combination and at the right time. This is done through the prescription of food and pharmaceutical preparations classified according to the "six tastes", "five elements", "ten qualities", etc. (1984,p.231). Illness is expressed in the idiom of humoural imbalance in such terms as feelings of excessive or unexplained bodily heat, cold, wind, bile, phlegm, heaviness or lightness, for example. The most common cause of humoural imbalance, according to many *baidyas* questioned, inheres in not living according to the rules conducive to leading a *dharmic* (holy), wholesome lifestyle. These rules involve diet, sleep, bowel habits, bathing and personal, especially sexual, relations. Certain conditions can even be said to have been "created" by ayurvedic concepts in the first place, such as the Nepali *gano*, an uncomfortable feeling likened to a ball rolling inside one's abdomen. *Kamala-pitta* (jaundice) or *svapna-meha* (nocturnal emission) may be universal phenomena - although possibly more common in South Asia - but the meaning attached and anxiety especially the latter provokes have been largely culturally determined by ayurvedic concepts.

Ayurveda departs most radically from western medical presumptions in its premise of a multi-layered nature of the human persona. Kakar states that in the Hindu view, besides one's physical body, a person is thought to have two additional bodies, the *linga shariva* or "subtle body" and the *karara shariva*, the "causal body". The subtle body is only perceptible to yogic vision, but actually constitutes the core person, corresponding to the ancient Greek concept of the psyche. Since, in Hindu terminology, birth and death are considered mere transitory states, it is only the subtle body, the core person, which is permanent, transmigrates and, it is hoped, becomes liberated. This subtle body consists of the

following five elements. 1. *buddhi* or intelligence; 2. *ahamkara*, "I-ness" or false-ego; 3. *manas*, the "mind-heart"; 4. *indriyas*, the five sensory organs (speech, touch, walking, evacuation and reproduction); 5. *tanmatras*, forms of subtle matter or potential energies. These life processes are thought to be governed by different forms of *vayu*, wind. It contains within it one's predetermined life span, capacity for realisation and other intellectual and psychic capabilities, many diverse emotional and behavioural factors reflecting the condition of one's entire psychic make-up (Kakar,1984, p.238-239).

Since ayurvedic philosophy is based on the premise of the unity of mind and body, both physical and mental disorders are considered to manifest themselves through the medium of the three humours. Thus, for instance, the presence of excessive desire, sadness or fear acts to increase the level of wind in the body, with anger activating the production of bile and greed thought to increase one's bodily phlegm. The process is mutually reinforcing, so that the disturbance of one humour acts to trigger off a particular emotional reaction, which in turn intensifies the agitation of the humour in question, and vice-versa.

Although in the present social and cultural context mental disturbance or *manasika-roga* in Nepali, may not be openly diagnosed by an ayurvedic practitioner, a *baidya* recognises that a large part of the disorders he treats have at least a psychosomatic or mental component, even when they are physically manifested. About half belong to the non-physical sphere including supernaturally caused afflictions and other kinds of mental disorders. According to Kakar, one weakness manifest by the ayurvedic system is that all diseases, whether mental or physical, are diagnosed and treated in the pervasive ayurvedic somatic/humoural idiom. This had the effect, in his opinion, of paving the way for the prevalence of other kinds of healers such as shamans, exorcists, mystics and astrologers to deal specifically with supernaturally caused complaints (1984,p.247). Another reason for the presence of these tantric practitioners could, however, inhere in the fact that in India ayurveda became disjointed from its branch of *bhuta-vidya*, the latter dealing with supernaturally caused afflictions. As

India had been under British colonial rule, ayurveda was consequently forced to confront the existence of western medicine quite early on, whereby its pharmacological side became emphasised to the detriment of its other aspects.

The tantric influence on ayurveda remained, as a result, largely confined to *rasayana*, rejuvenation therapy, a facet of healing devoted to longevity and maintenance of virility through the employment of chiefly metallic-based substances as pharmaceutica. These were initially sulphur and a refined mercury preparation, but also included gold, silver, tin and lead. Today in Nepal about half of all ayurvedic preparations contain mercury and other inorganic ingredients, although there are still *baidyas* who use only herbal and plant-based substances since they are cheaper and gentler in their effect than the metallic ones.

The rise of *rasayana* may be said to mark the post-classical phase of ayurveda, which also witnessed the introduction of alchemy largely through Arabic influence. Opium, an important ingredient in ayurvedic medicine which was not introduced until after the begin of Muslim rule in India in the 12th century, is not, however, commonly used in Nepal since it is prohibited by law. By the time *rasayana* became prevalent the practice of surgery had declined and the rationalism characterising earlier ayurveda was compromised through a long term trend of sacrilisation which has continued into the present century.

The main exegetical work still popular amongst *baidyas* in Nepal today is the *Sarangadhara Samhita*, written between the 13th and 15th centuries AD. The complexities of ayurveda are greatly reduced in this work, which is also significant for the fact that it is the first ayurvedic treatise which dwells on the science of *nadipriksha*, pulse diagnosis, a technique said to derive from another mode of traditional healing, that of Unani, an ancient Greek and Arabic system. In ayurveda this diagnostic method is coupled with the *tri-dosha* (humoural) system by associating particular rhythmic variations of the radial pulses with variations in humoural states.

The art of *nadi* combining the measuring of nerves and arteries has, in the course of time, become the chief diagnostic technique associated with ayurveda and has even permeated through to other categories of traditional healing. A *baidya's* skill is measured in large part by his success in correctly diagnosing a mental or physical disorder through the examination of a patient's *nadi*, normally taken on the wrist. This technique, which depends on long years of practice, is usually supplemented by the exact observation of the patients' symptoms and a rough knowledge of their case histories.

The science of *nadi* dovetails into tantra, especially as an adept needs to be both yogi and clinician to employ it correctly. As Kakar has remarked: "With proper spiritual imagination, developed through the use of an inner ascetic vision, the adept can 'see' the state of a person's five *bhutas* (five forms of matter with their bodily equivalents), three humours and three mental qualities (*sattva*, purity and light, *rajas*, activity and passion and *tamas*, inertia and darkness) through the examination of a single *nadi*" (1984,p.248). Besides being able to determine the condition of every vital bodily organ through examination of the rhythm and temperature of one's *nadi*, an expert ayurvedic doctor is able to distinguish natural from supernatural disorders, and within these even the different types of supernatural disorders, whether caused by a witch, a ghost, deity or planetary "weakness" (*dosa* in Nepali).

In Maharsi Kanada's *Nadi-Vijnana* it is stated that the human organism possesses a total of 35 million *nadis*. Of these, 72,000 are gross *nadis* reflecting facets of the sensory organs such as touch or smell and 700 subtle *nadis* convey the *rasa*, "juice" or organic sap which the body derives from food. The chief *nadis* are said to number 24, whereas those most frequently examined are the radial artery in the right and left wrists, then the *nadis* in the fingers and thumb. The condition of the humours are reflected in the *nadis* so that an increase in wind causes its fluctuation, making it "slither like as a snake", an increase in bile to "hop such as a frog" and excessive phlegm making it slow and regular such as a "pigeon's or hen's gait." The condition of a patient's *nadi* manifests various combinations of rhythms, exceedingly difficult for a novice to de-

cipher, evocative of different kinds of mental and physical disorders (comp.Tripathi,1976,p.12-17). A specialist in this 'science' is even able to predict a terminal patient's exact time of death, an art traditionally practised in Nepal by the *ghat-baidya*.

When it comes to determining the future prospects of ayurveda, many people feel it is slowly on the decline in the South Asian context, due to the pervasive influence of western medicine. Siddhi Gopal Baidya, who, though over 90 is still hale and hearty and practising ayurveda in Patan, stated that in his family only one son is continuing the practice, linked, he feels, with the low income and prestige of ayurveda in the present age. Though his overall assesment of the future of ayurveda is negative, he nevertheless concludes on a note of optimism:

> *The main problem with ayurveda is that it lacks the practicality which is allopathy's greatest strength: it is quick, easy to use and can be found everywhere. There is not so much skill necessary to become an allopathic doctor, whereas ayurveda requires much more knowledge. It depends upon the baidya's lineage for its transmission and perpetuation, the production of medicines is more difficult and limited, with the herbs becoming rarer and the method of preparation requires the recitation of mantras. The science of ayurveda presupposes that the doctor must know the nature of the patient, his mind, intelligence, level of strength, the climate of his habitation, etc. Thus ayurveda in its pure form is no longer practical due to overpopulation of the planet and the proliferation of diseases; there are too many patients with too little time on their hands for this holistic method to be as effective as it was formerly. Also, the art of nadi is no longer being mastered to perfection: a good baidya was formerly able to read people's thoughts from examination of their pulse alone. I believe ayurveda may slowly regain its popularity due to the increasing failure of allopathy to cure every kind of disease. Ayurveda convinces people slowly and helps them gain greater resistance to disease.*

In summary, it is safe to assume that ayurveda is a much more complex system than allopathy, as it is seen to be based on a largely spiritually-derived theory of subtle elements of form and consciousness. It also presupposes the patients' involvement in their own cure. In certain cases, this could mean a radical change in behavioural or dietary habits which the patient may be either unwilling or unable to effect (especially in the case of addictions). Thus, in the present context, ayurveda emerges as a less 'efficient' curative system lacking as it does the mechanistic attributes of allopathy which tend to turn patients into pill-poppers, in a one-sided dependence upon technological input for the hoped-for restoration of health. However, due to a steady increase in diffuse, psychosomatic symptoms caused by dietary, environmental and spiritual factors—especially as conditions on the planet are steadily worsening—the inadequacies of modern medicine are making themselves felt. Therefore, a recourse to old methods, including ayurveda, may experience a renaissance. This is shown by virtue of the fact that several South Asian nations have begun research into ayurveda and financed projects for its further development in the countries of its inception, Nepal and India. The *baidya* Siddhi Gopal has extolled the virtues of ayurveda, although somewhat hyperbolic, thus:

> *If you are able to maintain your body, mind and soul in balance [through ayurveda], you could live over 1,000 years! You can do this by living according to certain rules, getting proper sleep, performing jap [mantras], meditation, regulating your food intake and getting exercise, all must be done in balance. In gaining more [spiritual] knowledge, you can slowly dissolve your ego, which is the key to long life. Happiness is of two kinds, internal and external; the body absorbs relief, but this only leads to temporary happiness, as it is purely physical. But one needs the other, internal kind of happiness, too: the ancient science of ayurveda teaches both.*

BUDDHISM AND AYURVEDA

The classical period of ayurveda coincides with the dissemination of Buddhism (sixth through eighth centuries) on the South Asian subcontinent. The renowned historian of ancient India, A.L. Basham, stated: "Buddhism, which encourages the virtue of compassion and was less bound than Hinduism by considerations of ritual purity, seems to have been particularly conducive to the study of medicine...The Buddha himself was interested in medicine and laid down many rules and regulations for the care and treatment of sick monks..." (quoted in Clifford, 1984,p.38). Buddhist deities are, even today, invoked for gaining relief from certain illnesses. Thus, the Mahayana Buddhist goddess Tara - 'she who saves' - was considered helpful in the alleviation of leprosy. In fact, there is an ayurvedic preparation bearing her name, *Tara Mandura*. There are, in addition, numerous medical analogies contained in the Buddhist Sutras testifying to the Buddha's own perception of the link between spiritual and psycho-physical health.

The Buddha taught his monks to maintain their own health and also that of others. The most important work devoted to the monk's daily routine, the *Vinaya Pitaka*, contains medical instructions and guidance given by the Buddha himself. For instance, it enjoins the monks to consume honey and butter, besides other foods, which counteract ill health and promote vitality. The practise of medicine for *bhikshus* (Theravada Buddhist monks) outside the *sangha*, the monastic order, and especially the acceptance of monetary gain for medical treatment was prohibited by the Buddha. This injunction did not, however, apply to his other followers since the Buddha's own personal physician was also foremost among his lay followers, the legendary ayurvedic physician, Jivaka.

Jivaka's personal history as recounted by O.P. Jaggi offers insight into the reasons for the adoption of his profession and religion. Said to have been the son of a courtesan, his mother threw him onto a garbage dump just after his birth. Passers-by, noticing the baby was still alive, informed the ruling monarch and the latter, Prince Abhaya, adopted the baby under the name Jivaka - "he who is alive." Similarly to the Buddha, once

he had grown into a young man, he soon tired of the luxurious, empty life of the palace. One day, he stole away, making his way to Taxila, the famous medieval university near today's Rawalpindi, where he pursued medical studies for seven years under Atreya, one of the founders of Indian medical science.

Jivaka soon became ancient India's foremost physician, the "thrice-crowned king" of physician-surgeons. His field of expertise was pediatrics, but he was also known for having pioneered the field of brain and abdominal surgery centuries in advance of other medical systems around the world. His charitable attitude towards monks whom he treated without charge, won the *sangha* many converts to monkhood from the poorer sectors of the population who could not normally afford medical treatment (comp. Jaggi, 1973,IV,p.53-54,57).

Four centuries after the Buddha's death, Emperor Ashoka, a promulgator of Buddhism, propounded his famous *Rock Edicts*, one of which dealt with healing and public health measures such as ensuring sanitary conditions and safe drinking water. It was during his reign that the first human and veterinary hospitals were established based on ayurveda, even extending beyond his domain, to Sri Lanka, for example. One of his *Rock Edicts* read: "These (medical centres) concern the medical care of man and of animals. Medicinal herbs, whether of use to man or to beast have been brought and planted wherever they did not grow; similarly, roots and fruits have been brought and planted where they did not grow. Along the roads wells have been dug and trees planted for the use of men and beasts" (quoted in Clifford, 1984,p.40).

AYURVEDA IN NEPAL

It is the firm belief of Dr. Mana Vajra Vajracharya, the renowned ayurvedic practitioner of Kathmandu, that whatever can be said about the development of ayurveda in India, of necessity holds true for Nepal as well:

> *In those days, India did not exist as a distinct geographic entity, so it is not justified to claim that ayurveda derives from India alone. My library contains*

scriptures written in Nepal about ayurveda, dating back seven centuries and in fact, most ayurvedic treatises preserved here date from the 12th and 13th centuries AD and are written in Devanagari (Sanskrit script) and the Newari Lipi and Ranjan scripts. Ayurveda certainly can not be considered an 'Indian' science alone, since the entire South Asian and Himalayan region contributed towards the shaping of the cultural and medical heritage of ayurveda as it was handed down through the centuries.

Evidence of ayurveda having existed in the Licchavi period (third to eighth centuries AD) in Nepal comes in the form of seventh century stone inscriptions attributed to King Narendra dedicating a building in Deopatan towards the aim of providing medical help for the poor. An interesting reference to the existence of *baidyas* in those days was, in addition, recorded by one of the earliest visitors to Nepal, Daniel Wright, and stems from the *Vamsavali*, the legendary chronicles compiled by Buddhist monks in Patan which Wright transcribed in 1877. The story is about a *baidya* (known as *baid* in the account), who was recruited by the king of the Nagas, Karkotak, to cure an eye affliction from which his queen was suffering:

A baid of Raja Hari Sinha Deva was one day preparing to bathe in the water at Tekhudobhan when he was accosted by Karkotak, the King of Nagas, who, in the form of a Brahmin, was seeking for a baid to cure a malady with which his Rani's eyes were afflicted. The Naga, being satisfied that the man was a baid, entreated him to go to his house and see a patient. The baid, after finishing his ceremonies and bathing, went with the Brahmin. They arrived at a pond, at the south-western corner, a thousand bowshots beyond ChauBahal. The pond was so deep, and the water so black, that it was frightful to look at. It was shaded by trees, large fish played in it, and it was covered with waterfowl. The Naga told the baid to shut his eyes and in a moment he jumped with him into the water, and they arrived at the durbar of Nag-raj in Patalpuri. The walls of the palace

were of gold, the windows of diamond, the rafters and beams of sapphires, the pillars of topaz adorned with rubies. The darkness of the subterranean place was dispelled by the light emanating from large jewels in the heads of the nagas. They entered the palace, and saw the Nagini sitting on a throne studded with jewels of several sorts, shaded with three umbrellas of white diamonds, one above the other and surrounded by beautiful Naginis. Karkotak, assuming his proper form, took the baid by the hand, and gave him a seat near the throne. He himself mounted the throne and showed the patient to the baid. The baid, having examined her eyes, took out a drug from a bag which he carried around his waist, and having rubbed it on a clean stone, applied it to the eyes, which were instantly cured. Karkotak gave the baid a handsome present and a dress of honour, and having expressed his gratitude, made him promise that his descendants would be good curers of eye diseases. The descendants of this baid, accordingly, were renowned as good eye doctors. Hari Sinha Deva, having been made acquainted with these events, honoured the baid and gave him a place to reside near Sesanarayana (Wright's Chronicles, 1877,p.178-179).

The Buddhist tantric ayurvedic tradition, much of which did not survive in India due to the Moghul invasions, experienced an unbroken development in Nepal. Particularly the priests known as *gubhaju* who belong to the highest Newar Buddhist caste of Vajracharya (and occasionally to the related Shakya caste), adopted this profession out of their concern for the suffering of the population and probably to secure an extra source of income. K.P. Malla has indicated in this connection: "To the villagers at large (including non-agriculturalists, too), the most powerful priest-cum-healer has always been the *gubhaju*"(1985,p.74). In their practice, ayurveda was combined with ritual curing using mantras and certain implements such as the Mahayana Buddhist ritual dagger, the *phurba*, often combined with the *vajra*, from which this caste derives its name. The *vajra* is the key symbol of the Vajrayana school of Mahayana Buddhism signifying the supreme attainment possible for a practitioner, that of the realisation of *shunyata*,

emptiness, through lightening means. It is known as *dorje* in Tibetan and has an equivalent ritual significance in Tibetan Buddhism, as the lamas, like the *gubhajus*, employ the *dorje* in their pujas and in healing rituals.

Today, not all *baidyas* perform ritual curing as a regular part of their practice. All are, however, said to be able to perform it and may still do so in critical cases warranting this kind of tantric intervention. Dr. Mana Vajra, although he practices as an ayurvedic physician with a distinctly sober, professional medical approach, still employs ritual methods in dire cases. It was interesting to observe how another *baidya* with a Hindu background, Chaitanya Shrestha, diagnosed a patient's physical symptom as having resulted from a deity's *dosa*, the punishment meted out by an offended deity. Unknown to the *baidya*, this could have resulted from the patient's having abused a high lama just prior to the flare-up of the symptom, which was of an unusual, not allopathically treatable nature.

The Shrestha caste of Hindu Newars rose to power during the Malla Kingdom when they often adopted the acronym *baidya* or *rajbaidya* – royal physician - (which also became their subcaste designation) specialising in treating members of the ruling oligarchy. This practice extended down to the Rana era, and even the early observer, H.A. Oldfield, recorded that Jung Bahadur Rana, the first Rana Prime Minister, although having had a British surgeon, still relied more on his personal *baidya* for most ailments he suffered from. The Ranas were apparently keen on the aphrodisiacs supplied by their *baidyas*, as well as remedies to induce miscarriages, as many illegitimate offspring resulted out of the effect of aphrodisiacs, according to the *baidya*, Pradhananga. Members of this aristocracy consequently promoted the *rasayana* branch of ayurveda, the production of non-organic medical substances for rejuvenation and to further their sexual prowess. By the same token, the tantric aspects of healing were equally patronised by the Ranas, who were always keen on eliminating or harming actual or potential rivals. It is possible that this indirectly encouraged the propagation and spread of "black tantra" (*kuvidya*), more than would ordinarily have been the case. Many elderly *baidyas* I spoke to suggested that some of the famous

and skilled tantric healers became corrupted by the Ranas to perform the black tantric arts, including inducing abortions. Since they were in a position to pay handsomely for their services, as Pradhananga recounts, these healers naturally found it difficult to resist the temptation to dabble in *kuvidya* and as a result, lost their power. Some even died painful and ignominious deaths as paupers.

In conclusion, one can summarise that the development of ayurveda, one of the two foundations of the form of healing under focus in the present discussion, has experienced a relatively unbroken continuity in the context of Nepal. Furthermore, its more tantric aspects have been preserved particularly through the Buddhist Newar priests' practices. In the modern era, despite a dilution of its tantric component, ayurveda in Nepal is still proven to exist as a viable alternative to allopathy and other forms of healing, even attracting patients from around the globe. One of Nepal's most renowned ayurvedic physicians, the said Dr. Mana Vajra Vajracharya, hailing, as indicated, from a long line of Buddhist Newar practitioners, has provided treatment which his patients aver has cured diseases such as breast cancer, through to the more subtle, psychsomatic ones like migranes. It is thus hoped that ayurveda may continue to flourish in the region which previously comprised its heartland, that of the Himalayas.

Chapter 2

Tantra

"It is one of the numerous contradictions of tantrism to be at once an extremely popular religion, having close contact with the cult of goddesses and with blood sacrifice, and an esoteric religion to the highest forms of which only a limited group has access" (Gerard Toffin, about tantra in the Kathmandu Valley, quoted in Gellner, 1993,p.316).

It is difficult to put an exact date on the emergence of tantrism or tantra in South Asia. O.P. Jaggi, for one, avers that "practices akin to trantrism" were already present in the *Rig Veda* and *Atharva Veda* and can even be traced to pre-Vedic times. However, in a systematised, philosophical form, the earliest tantric treatises belong to the beginning of the Christian era and at the latest were composed in the 18th or 19th centuries. The actual "tantric age" dates between 700 to 1300 AD, spreading from northern India into Nepal and Tibet, even as far as Japan. It not only encompassed Hinduism and Buddhism, but strongly influenced Jainism and other religions as well (1973,V,p.108-109).

Robert Levy has stated that tantrism is "a historical current that is relatively easy to recognise...and notoriously difficult to define" (1992,p.294). Amongst the definitions available, one rendered by Elisabeth Benard appears to encompass most of its salient aspects: "Many contemporary Hindu ascetics define tantra as action done with the body (*tanu*) for the purpose of protecting or bringing about release (*tra*). One etymology of tantra divides the word into two roots, *tan* to stretch or expand and *tra*, to save or protect. By combining these two roots, tantra means the increase of methods available in order to liberate

oneself from cyclic existence. Ideally, these methods should be efficacious and expedient. Furthermore, in researching about tantra, one realises the importance of the human body as the principle instrument for liberation, rather than an impediment as propounded by other traditions" (1994,p.xii).

Amongst the many strands comprising the mesh woven into the tantric pattern, one can isolate several important components. One inheres in a democratisation of practice and belief, inhering in an anti-Brahminical spirit. This culminated in a turning-away from religious exclusivism which had restricted access to certain teachings to the upper castes. Tantrism made the attainment of enlightenment accessible to all castes and social strata, to both householders and ascetics and especially to women, in equal capacity as men.

A further component has to do with the practices related to tantra. Guided by a religious preceptor or guru, the practice of tantric *sadhana*, geared towards the goal of *mukti*, implied an attendant de-emphasis of philosophical speculation as had been current at the time. In fact, what Agehananda Bharati has remarked in his classic work *The Tantric Tradition* is that, rather than calling tantra a philosophy, it could be more fruitfully described as "psycho-experimental speculation": "What distinguishes tantric from other Hindu and Buddhist teaching is its systematic emphasis on the identity of the absolute and the phenomenal world when filtered through the experience of *sadhana*" (1965,p.15,18).

Sadhanas focus on the usage of mantras, then on *yantra* (sacred diagrams), *mudra* (gestures evocative of the deity) and *nyasa* (sacralisation of one's own body). Last not least, its emphasis is on gaining spiritual power (*bhukti*) through tapping active spiritual energy (shakti, considered female in Hinduism) with the achievement of final empowerment through its integration with male energy (*purusha*). This factor is also linked with the importance placed by tantra on the human body as the main instrument for liberation, militating against its mortification or denigration as expounded by other forms of Hindu doctrine.

Most of these points apply equally to both Hindu and Buddhist tantra. As regards the relation between the two, the Nepalese tantric practitioner, Sridhar Rana, has aptly remarked that the literature dealing with this subject has normally been biased by the respective religion the author belongs to. If he is a Hindu non-tantric who feels uneasy with Hindu tantra, he would feel that tantra came into Hinduism through Buddhism. If he is a Hindu tantric, he would feel that Hindu tantra is found in the Vedas and the Buddhists copied it. However, writes Sridhar Rana, "we must understand that all these are hypotheses and solid historical proof cannot be given to prove any of these" (1992,p.4).

A fairly dispassionate consideration of the problem reveals a number of commonalties. Both forms of tantra postulate that reality is one, but must be realised through the internalisation of the principle of polarity, activity and passivity, male and female oppositions. The tantric practitioner relives the merger of these oppositions to experience the fundamental oneness through *sadhanas*. One difference between the two approaches, however, concerns their respective attributions of psychic or spiritual energy, whereby the Buddhist reverses the Hindu scheme—the female represents *pragya*, the passive pole of ultimate wisdom, whereas the male embodies the active means, *upaya*, through the practice of compassion, culminating in the achievement of the realisation of that wisdom, and hence, enlightenment (nirvana).

O.P. Jaggi affirms tantra's close affinity with the rise of Shaivism, having engendered a class of literature called Yamala, representing the Bhairava (tantric) tradition. Judging from the prevalence of Bhairava worship in the Kathmandu Valley, there is apparently an important residue of this tradition which still exists in Nepal. The Yamala Tantras are linked with the emergence of a defined tantric pantheon of gods and goddesses, but in which the latter are seen to predominate. By the tenth century, Hindu tantras had come to acquire shaktic character, according to Jaggi (1973,V,p.110-111). The concept of shakti as the primordial power figures prominently throughout the successive phases of Indian literature and philosophical thought. Still in India today and especially in

Nepal, the shakti cult, in the form of goddess worship (and particularly, the propitiation of her fierce aspect) predominates as the most popular form of worship. Especially with the decline of Buddhism from the 10th century in India, both Hindu and Buddhist tantric traditions have become mixed, a tendency which apparently acted to strengthen shaktism.

With time, in the Kathmandu Valley, popular Hindu tantra seems to have eclipsed Buddhist tantrism. Since tantra relies strongly on symbolic props for its articulation and propagation, it is significant that there are more lingams (the phallic symbol of Lord Shiva) than *chaityas*, the Buddhist mini-stupa, in the Valley. Furthermore, Bhairava, Shiva's wrathful manifestation, is considered the salient tantric deity whose image, as a guardian deity, is often found near those of the great pantheon, Shiva, Buddha, Vishnu, *et al.*

Likewise, the salient tantric idiom, especially on the village level in South Asia, is frequently predominantly Hindu. Bharati remarks that the first tantric teachers, for instance, the 84 Siddhas, although Buddhist by faith, resorted more to Hindu than to Buddhist terminology, simply because their socio-cultural milieu was characterised by popular village Hinduism, indistinguishable from Buddhism in medieval Bengal. The commentators carried on this tradition of employing more Hindu than Buddhist vocabulary, even when expounding upon Buddhist concepts (comp.1965,p.23). This is reflected in the fact that the concept of shakti as the active female principle is pervasive also in Buddhist circles.

One Nepalese tantric practitioner feels there is in fact a fundamental difference between Hindu and Buddhist tantra, at least when it comes to the respective final vision or goal. Sridhar Rana, who began as a Hindu tantrik, but converted to Buddhist tantra in the course of his spiritual development, states that "the whole purpose of Hindu tantra is to actualise the basic ground of *samsara* which is called by various names such as *Brahmin, Parasamrit, Mahamaya*, etc., which are all an extension of a belief in an *atma*; whereas the Buddhist tantras are geared towards the realisation or actualisation of *samsara* and nirvana as groundless (i.e., with no ground or base),

which is an extension of the belief in *anatma* (emptiness or the void), also called *shunyata*, *Pargyaparamita*, *nairatma*, etc."(1992,p.6).

Irrespective of the transformation which tantra underwent in the course of time, having been pushed to the geographical, spiritual and social peripheries, there is no doubt that it still exerts an influence in both India and particularly Nepal. This may also be linked with the possibility that tantra has a definite bearing, in Kakar's opinion, on the formation of the human, especially the male, psyche. According to his thesis, tantra emphasises the centrality of sexual difference as "the major problem of human life." The way tantra solves this problem is considered by the psychologist as follows: "Tantra claims that a person can become 'whole' (and, in an extended, mystical sense, liberated) only when he annuls sexual differentiation and dissolves his gender identity into a certain kind of bisexuality. The realisation of both masculinity and femininity within the tantrik's own body, the experience of a constant, doubled joy of 'two-in-one', the recreation of a primordial androgyny, looms large as the goal of a bulk of tantric practices" (1984,p.156).

Males in South and Southeast Asia often manifest an attribute of softness, passivity and lack of overt patriarchy, a quality which some western women, grown weary of macho "Marlboro men", find so appealing. Perhaps the implicit acknowledgement of "the other" within oneself makes superfluous a resort to the kind of radical solution advocated by transvestites, for example. On a more elevated level, tantra emerges as a way of transforming mundane reality by destroying the distinction between the sacred and the profane, which is what endows it with its all-inclusive character. In its fold, all things are acceptable, transformed ritually into something understandably divine. Even the ostensibly demonic images of Bhairava, or the blood-thirsty yoginis with severed heads around their necks represent dynamic energy, which, when filtered through tantra, culminates in benevolence, and not violence. It is the salient tantric image of the goddess in sexual union with the male adept (or vice-versa) which represents the ideal

tantra attempts to achieve, of the unity of disparate parts of the psyche, rather than a simple act of copulation.

TANTRIC *SADHANAS*

Sadhanas, literally "methods", were created by tantric masters or gurus for the purpose of guiding their disciples on the path to liberation. The main *sadhanas* have already been alluded to, consisting in mantra, *mudra*, *yantra* and *nyasa*. Mantra, forming the core, will be considered in a separate section. *Yantra* is a diagrammatic form symbolising a divine manifestation. Etymologically, the word is derived from the Sanskrit root *yam*, to sustain or hold, to support the power of a particular object or concept, making it in a tantric sense the actual abode of the deity. Each deity has its own specific *yantra* in the form of an abstract geometric shape.

When a number of *yantras* are combined (often in a circle surrounded by a square), it is known as a mandala. Containing a greater number of geometric shapes, a mandala would appear even more empowered than a simple *yantra* to offer protection and invulnerability to the adept practising the often dangerous *sadhanas* which tantra prescribes. Dasgupta has indicated that the practice of drawing diagrams may have originally derived from the Bodhi-mandala, the circle around the famous pipal or bo tree (*Ficus religiosa*) under which the Buddha attained enlightenment. Interestingly enough, the tree which is related to the mulberry family, harbours curative properties and was said to have been deliberately chosen by the Buddha for that reason. In any event, faith in the Bodhi-mandala led to a general belief in the efficacy of drawing circles and other diagrams in a place selected for performing religious duties (1974,p.56).

Mudra is a term deriving from the root *mud*, 'to please', and signifies a bodily posture designed to please the gods which can include ritual hand gestures or even yoga *asanas* (exercises). There are said to be 108 *mudras* of which 55 are commonly used and their performance produces physical benefits such as stability, bodily firmness and cure of disease.

Some scholars (like Bharati, for example) have stated that *mudra* comprises one of the "five M's", *panchamakara.* Including *madya* (alcohol), *mamsa* (meat), *matsya* (fish), *mudra* (parched grain or beans, thought to be aphrodisiacal) and *maithuna* (sexual intercourse), they form an integral part of "left-handed tantra" espousing practices normally forbidden by yogic asceticism. The "right-handed tantra" substitutes these components for yogically acceptable (not sexually stimulating) ones. As pointed out by Bharati, there is no uniformity of opinion amongst tantriks about the five M's, since some do not recognise them at all, others only hint at them and some tantriks are even directly antagonistic towards them (1965,p.234,267).

The *sadhana* known as *nyasa* entails the adept's visualisation of the goddess and her introjection into the adept's own body. Similarly to *maithuna* which also involves a kind of internalisation of the opposite (male or female) principle by the adept, *nyasa* culminates in the transformation of one's own body into a divine body. It is performed by placing the tips of the fingers and palms of the right hand on various parts of one's body and reciting the appropriate mantras. Benard states that since it was designed as a form of protection from potentially disruptive forces, various body parts are touched from head to foot and in reverse order three times, the ritual being concluded by snapping the fingers above the head to "bind the directions" (1994,p.27-28).

In Kakar's opinion, the ultimate aim of tantric *sadhana* – particularly, it would appear, for a male adept - is "to usher in a permanent psychic transformation whose outcome is a state of focused receptivity... the circumstances of a particular psychic state differ from our normal, intellectually active and problem-solving mode of thought. The tantric formula of three-fold immobility [of semen, thought and breath] expresses the underlying idea of a desired cessation of physical and mental activity and its transformation into focused receptivity...the tantric striving is to conceive of oneself not as an ego opposed to an alien environment which must be mastered, but an ego with a permanent 'absorbing' and 'receiving' stance toward the outside world." (1984,p.177-178). The potentially

world transformative dimension of tantra becomes evident in Kakar's thesis: a wide application of tantra in this form could, potentially, serve to mitigate the striving for dominance, exploitation and greed (fostered by patriarchal values), leading to warfare, cut-throat competition over scarce resources and environmental degradation.

When it comes to a female tantrik, it is possible to surmise that the practice of tantric *sadhanas* would culminate in a reversed process to that of the male in that the female would become more assertive and 'masculine' in her approach, as the male becomes more passive and receptive. However, Hindu tantra, for its part, has not altogether eradicated the Hindu conception of spiritual power inhering in the retention of semen. Enabled by tantric *sadhana*, it supposedly wanders up the *kundalini* to the last *chakra* below the head where it acts as a liberating force. If one is therefore so unfortunate, from the South Asian perspective, to have been born a female and thus lacking in the requisite semen to retain, her spiritual progress would appear thereby to be severely hampered. However, as the idea of retaining semen in the form of celibacy as a prerequisite for enlightenment pre-dates tantra, so the tantric ideal of retaining semen while indulging in *maithuna* is a case of "having one's cake and eating it, too". In a strange paradox, as Bharati indicates, the Hindu tantrik is not always compelled to retain his semen, as he has the option of regarding it as an offering or sacrifice to the goddess, whereas the Buddhist tantrik must do so under all conditions: "The Buddhist Vajrayana adept retains his semen aiming at stabilising the esoteric three jewels (*Triratna*)—breath, thought and semen, in a simultaneous act which, when successful, yields the state of oneness in duality, the *yuganaddha*, of which the *yab yum* (embracing couple) is the icon" (1965,p.265).

MANTRAYANA

Due to the central significance of mantra for tantric practices, tantrism has been referred to as *mantrayana* or *mantrashastra*, 'the science of mantra'. The practice of uttering mantras can be seen to exist in one form or another in most relig-

ious traditions, but is particularly elaborated in Buddhism and Hinduism, especially as the latter has coined this term. A mantra is a specific arrangement of letters or syllables producing a desired sequence of spiritually-significant sounds which, in order to be optimally effective, should ideally be transmitted from master to disciple. Thus, according to Monier Williams, "a mantra serves as an instrument of thought, speech, sacred text or speech, a prayer or song of praise, a Vedic hymn or sacrificial formula...addressed to any individual deity, a mystical verse or magical formula...incantation, charm, spell...employed by the shaktas to acquire superhuman powers" (quoted in Bharati,1965,p.103).

A mantra can not be rattled off haphazardly, according to Jaggi, but must be intoned in a certain rhythm, with a particular kind of sound, a process governed by definite rules. Every sound is believed to possess its own vibration, producing a desired mental and spiritual effect when properly intoned. Thus, the repetition of a certain combination of letters and the vibrations so produced effect the respective *chakras*, centres of spiritual energy believed to be located along the spinal column. This culminates in the raising of *kundalini* (shaktic) energy lying dormant, in the form of an imagined serpent at the base of one's spine, to be raised to the nape of the neck (1973,V,p.115). Sridhar Rana, in a personal communication, described the same process somewhat differently, stating that the recitation of especially the seed or *bijamantras* which evoke a particular deity or spiritual quality is designed to purify the *nadis*–repositories, in his opinion, of karmic impressions.

The usage of mantras existed even in the Vedic period and thus predated the introduction of tantra. In fact, even today, in most Hindu rituals, the recitation of mantras by a priest plays an important role. Etymologically, the root *man* is associated with thought, will and intentionality and the suffix *tra* is an instrument of that which precedes it. Another meaning cited by Benard is that *man* is related to mind and *tra* means protection, and therefore mantra is a "means of protecting the mind" (1994,p.24). This begs the supposition that mantra, in tantric practice, constitutes an aid for focusing the

mind, preparing it for other *sadhanas*, and especially in Buddhist tantra, for insight meditation practice (*vipassana*).

In summary, the central vantage point from which tantra in both Hindu and Buddhist traditions derives is the Upanishadic notion of the human body as an imperfect mirror of the universe. The main thrust of tantric practice is therefore towards a process of purification enabling the adept to achieve oneness with the deity representing, according to Benard, the "undefiled microcosm of the universe". She indicates that *sadhanas* can be grouped into three main sections, to be performed consecutively. The first are introductory consisting in rituals of homage to one's guru and chosen deity, followed by purification and finally, the consecration of one's body. Since Hindu tantra emphasises this to a greater degree than the Buddhist, it includes a more extensive ritual sequence that may be three or four times as long as the subsequent main section. Buddhist tantra incorporates instead the common practice of taking refuge in the Three Jewels, generating *bodhichitta* (loving kindness) and cultivating the Four Immeasurables. These are coupled with meditation on the essential voidness of inherent existence (1994,p.83).

The middle, chief part of the sequence is devoted to the actual meditation centring on the worship of the deity herself and is often the shortest part. It is in this section that ritualised copulation occurs since the complete identity with the deity is effected most fully through merging with one's *shakti* or *shakta*, whereby the latter performs the role of the consecrated deity. According to Sridhar Rana, in the Shakta Hindu Tantra there are three stages. In the first, one is conceptualised as Kali's slave; in the second, one becomes Kali and in the third, the concept of "I" is dropped completely and only "She", Kali, remains. In his opinion, the point of Buddhist tantra is, by contrast, to go beyond the deity altogether, as the latter is to be viewed merely as a projection of one's own mind, and thus there is no ultimate reality to hold on to.

The practice of kundalini yoga is said by Bharati to be able to open the central duct passing through the spinal column alongside two other ducts, thereby releasing a mystical

force called *susumna*. However, the adept must purify the other two ducts called *ida* in Hindu terminology and *lalana* in Buddhist, *pingala* and *rasana* respectively, before attaining the opening of the central one. This is achieved through the oft-cited simultaneous control over the breath, semen emission, and culminating in control over one's mind. Liberation from the cycle of rebirth is said to occur when all three are controlled simultaneously, a process termed *yuganaddha*, "binding together the opposed poles", Shiva and Shakti (Hindu), or Pragya and Upaya (Vajrayana Buddhist). Under a guru's supervision, the first occurs through the aid of a mantra and the second through *mudra*, both of which culminate in control over mental functions (1965,p.294-297). A constant repetition of the tantric *sadhanas* in this sequence, involving the interiorisation of one's *istam* or chosen deity ultimately results in the achievement of *moksha* or nirvana. Once this occurs, duality becomes dissolved in favour of non-duality which for a Hindu tantrik means realisation of *atma*, the divine soul, and for a Buddhist, *shunyata*, emptiness, both considered to embody the essence of reality.

In the Kathmandu Valley, tantra forms the dominant religion of a particular ethnic group, the Newars. This represents a unique development largely unparalleled in the history of tantra in the region, where, especially in India, tantra is practised on a purely individualistic basis in the context of a guru-disciple relationship. However, prior to embarking on an overview of Newari tantra, it may be instructive to provide an insight into the practice of tantra by some non-Newars, both born as Hindus, but one of whom has adopted Buddhism.

DEV SWAMI

As the youngest tantrik included in my survey, Dev Swami is, without a doubt, a tantric prodigy. Belonging to the Brahmin priestly caste, he is a full-time practitioner who practices ayurveda and tantra combined, but is mostly engaged in initiating and guiding his numerous disciples. Evidently a sincere and able practitioner rather than a publicity monger, Dev Swami tends to be reclusive and could even be called a "hid-

den master." In fact, according to tantric tradition, the less accessible the practitioner, the stronger his or her powers (*siddhis*) are considered to be. Stories abound of the existence of legendary tantric hermits reputed to be hundreds of years of age said to still be practising their *sadhanas* in their Himalayan retreats.

Dev Swami, despite his reclusive tendencies, was introduced to me by a prominent Nepalese writer and former newspaper editor. When questioned about his reluctance to advertise himself as a tantric master and thus achieve wider renown, Dev Swami stated that most tantriks practising today enjoy more publicity than they possess actual knowledge, so their respect decreases. About himself he alleged: "I have so much ecstasy in my internal life that I do not require any external stimulus...There is a saying in Nepali, 'gold remains gold, there is no need to test it'". The average seeker obviously lacks the tantric vision necessary to identify a genuine master immediately. Even Dev Swami himself attests to the pervasiveness of fakes in this field, since tantric practice can transmit techniques useful for the creation of *indra jal* - illusions.

In describing his evolution as a *bona fide* tantrik, Dev Swami relates that when he was only seven years old Shiva began to appear to him in his dreams: "Shiva gave me a mantra and taught me its proper recitation. That made me fearless as a child; I had no fear of anything, not even of the jungle at night. It also taught me compassion for the poor and weak and to be helpful towards them." At the age of 11, after having migrated with his parents from the remote Tanahau District of western Nepal to Chitwan in the Terai, Shiva appeared again in his dreams and taught him the *aghor* mantra to be performed at the cremation ground, along with other tantric *sadhanas*. The following year, he avers, he began this *masan sadhana:* "At one in the morning, I dug up a corpse, washed it in water from the Narayani river, and continuously recited mantras to it. After three months of this practice, I knew I had succeeded in it when the corpse became reanimated, since it got up from the grave and offered to grant me a boon."

His further tantric initiation occurred mostly in India under the tutelage of over 100 gurus who taught him various facets of tantra in the short period of only one year which, according to Dev Swami, would have taken an ordinary adept a total of 22 years to master. His most prominent teacher was none other than Osho Rajneesh, the world-famous Indian tantrik *par excellence*, known for having combined esoteric tantric philosophy with psychotherapy geared mainly to the needs of those from industrialised nations. Although widely known as a 'sex guru', this appellation appears a gross oversimplification of the import of a man who was, more than anyone else in the present century, responsible for having made tantra a wide-spread form of spiritual (and psychotherapeutic) practice.

A convincing orator with a penetrating look and an intense, self-assured manner, Dev Swami gives an intriguing explanation of tantra, which, in bridging the gap between the Hindu and Buddhist tantric tradition, reveals its Nepalese, as opposed to Indian character:

> *Tantra means tana, that which controls the body. Similarly, mantra means that which controls the mind, so that the two must be used in conjunction. The performance of sadhanas serves to unify body and mind, tan plus man, brought together through yoga. The outer is linked with the inner energy or siddha, through yukti, the act of joining. In this way, we can realise the essential nature of reality, comprised of non-duality; outer will be seen to be the same as inner reality, both are characterised by emptiness, shunyata: you can not find a soul inside, since the external and internal realities are the same, a vacuum, zero. When the outer meets the inner, Shakti unites with Shiva. Sadhana brings the Shakti (outer energy) together with the inner energy, which constitutes consciousness. That process is called tantric sadhana. The essence of tantric practice is siddhi. Once siddhi is achieved, you do not need daily practice. I do only two sadhanas per day, one is kamana siddhi, an active practice utilising shakti power, appropriate for the householder who wishes to use tantra for worldly ends. The other is nishkam siddhi,*

which means being devoid of short-term desire or selfish motive and is performed for increasing one's inner detachment and is passive, leading to mukti. I also occasionally perform the maha mrtyunjaya practice, the victory over death, giving long life, preventing an unnatural death and counteracting weak planets. I do yoga in the morning and recite "Om", an interior mantra, alternating it with "Hum", which is exterior. Om is the parbrahma sadhana. Sadhanas for increasing one's shakti are those dedicated to Chinnamasta, Tripura Sundari and Dakshin Kali. Every day, I do 108 mantras for each of these deities. This gives peace of mind and internal power for some special purposes such as making predictions. There are five different sadhanas for the attainment of the Adishakti and when all five become one, that culminates in parabrahma, the highest energy. In that practice, I utilise the five elements, air, water, fire, ether and earth, which I internalise in my practice. Each element corresponds to its own shakti and I decide which one I need more and which less, so accordingly, I perform the sadhana.

SRIDHAR RANA

The self-styled Buddhist tantrik, Sridhar Rana, represents quite a contrast to the Hindu tantrik, Dev Swami. As a member of the former Nepalese oligarchy, the Ranas – known for their decadence and wealth - who ruled Nepal until the middle of the present century, Sridhar strikes one at first sight as a fairly unusual candidate for the form of Vajrayana Buddhism which he practices. Having been born a Hindu, it is not surprising that he began his spiritual quest as a Hindu tantrik, but converted over ten years ago to Buddhism as he felt he could not progress further otherwise. Rana aristocrats were known for their propensity to dabble in tantra, although normally the "left-handed" and not the "right-handed" variety. The former is geared towards the acquisition of *siddhis*, for rather dubious worldly ends such as countering a rival, and the latter towards that of salvation, obviously Sridhar's sole aim.

Sridhar Rana is an eloquent orator in English medium, especially as he was engaged in the tourist trade prior to becoming a full-time tantrik. Having been born in a Rana palace in 1949, Sridhar is in fact the great-grandson of Padma Shumshere, an ex-Prime Minister of Nepal. He originally imbibed his spiritual bent – and perhaps his somewhat Mongolian appearance - from his mother who was not a Rana, but a Thakuri princess and daughter of Jai Pritvi Bahadur Simha, the famous and learned king of Bajhang, whose own brother had embraced asceticism. Sridhar contends that his actual spiritual orientation, especially his espousal of Buddhism, was a gift inherited from a past life time.

Sridhar Rana's grand uncle, Dana Shumshere, was responsible for having initiated him into tantric *sadhanas*, although his own spiritual quest included having had the famous Vedantic master, the Khaptad Baba, among his gurus. Like Dev Swami, an important turning point in his tantric career was comprised by his practice of the fearful *masan sadhana*. When queried as to the benefits which can be gleaned by the adept from this practice, Sridhar indicated that "it invokes primordial feelings of fear which one must strive, through the practice of *sadhana*, to overcome. There are more energies present in the cremation ground or graveyard which can become manifest in the form of spirits. Although these are only projections of your subconscious mind, still by dealing with these primeval forces the adept is enabled to attain a kind of spiritual catharsis."

Alluding to the reasons for his conversion to Tibetan Buddhism in preference to the Newari Vajrayana Buddhism widely practised in the Valley, Sridhar referred to the degeneration he feels has afflicted the latter. This occurred, in his opinion, at least partially due to the historical destruction of Buddhist works in Nepal in the wake of Chandra Shumshere's suppression and final expulsion of Buddhist monks from Nepal in the early to mid-1900s. Apparently the then Rana rulers were egged on to commit this heinous act by their Brahmin priests, who feared the supercession of Hinduism by Buddhism in the Kathmandu Valley (comp. Dietrich, 1995).

Tibetan Buddhism, in contrast to Newari Buddhism, represents an unbroken continuity of teachings and lineages of teachers. Sridhar proceeds to relate that although initially the Vajracharyas took initiation from Tibetan lamas, Newari Buddhism soon became a closed system, a process already begun in the 11th to 12th centuries AD. The mantras and verses which used to be recited openly in consonance with Buddhist precepts of equality of access and its anti-caste nature were restricted after this period to the *Bare*, high caste Buddhist Newars. This acted to bring Newar society as a whole more firmly in line with Hindu social norms such as the caste system, the latter having been widely disseminated throughout the Valley during this period by the Hindu ruling classes. This was being done in order to impose their rule more effectively and uniformly on an ethnically and religiously diverse populace.

It would appear that historically, at least, this element of domination and antagonism of the Hindu ruling classes vis-a-vis the Buddhist population (said to have been in the majority prior to the implementation of this overt policy of Hinduisation) was largely absent. Santikaracharya (third century AD), the alleged founder of the Vajracharyas, the highest Newar Buddhist (priestly) caste, was a *siddha* who had even influenced Hindu tantriks in his time, as Sridhar relates. Hindu temples were being constructed by Buddhist craftsmen, with Bhagwati Bahal in Kathmandu still existing as an example of this. Even in Pashupati itself, pujas had been conducted by Vajracharyas, and a shrine dedicated to the Buddhist deity Manjushri is said to have been erected there, although it was later interred. The latter is in accordance with a historical trend which witnessed the deliberate intensification of Hindu religion and social traditions in the Valley, particularly under the Malla rulers. Thus, Newari Buddhism was gradually undermined and the Vajracharyas became "Hinduised", their practice is becoming narrow and lacking in dynamism.

One topic dealt with in the course of extensive discussions, was the actual significance of mantra in Buddhist tantric practice. The words, says Sridhar, are only an outward trapping and the crucial factor is the energy transmitted from

an enlightened master to the disciple through the medium of mantra designed to "bind the mind". By controlling one's breath, the *pran* or *bayu*, one can also control one's thoughts, which is an idea transmitted by the Buddha through his sutras when he explained the technique of breath control used in his system of Vipassana meditation. The net result of this process in Buddhist tantra, is to arrive at the stage of *Mahamudra* in which the mind has become purified and neither mantras nor the visualisation and internalisation of deities are necessary any longer. But in order to reach this elevated condition, preliminary *sadhanas* are essential leading the adept beyond the last stage which can be achieved, through Hindu tantra, that of *samata*, a calm, contemplative state.

In Vajrayana Buddhism the aim is rather to achieve ultimate *samadhi* (enlightenment), enabling one, says Sridhar, to become such as the adamantine *vajra*, unchangeable and steadfast. In the tantrik's own words,

> *In Hindu tantra there is no idea of the deity as equivalent to the actual nature of mind, which it is the aim of the Buddhist tantrik to realise. Hindu tantra is essentially theistic, similarly to Sufism or Christianity, since it shares a belief in an Almighty God or embodiment of the ultimate truth or reality. In shakta tantra, for example, the aim is to internalise Kali as one's istam deity, through the total annihilation of self, whereby only the deity remains as the embodiment of truth. In contrast, the base of Buddhist tantra is different as there is no concept of an ultimate reality one can hold on to. The aim is to arrive at a stage where one can let go completely of the idea of ultimate reality, whereby one can achieve agraha, no grasping on to the phenomenal world. This is the stage of nirvana or permanent samadhi, which it should be the aim of both Hindu and Buddhist tantra to attain.*

Chapter 3

Tantrism in the Kathmandu Valley

PART I: NEWAR TANTRISM

"Illness and misfortune are attributed to a variety of supernatural forces such as attacks by witches, sorcerers, forest divinities, spirits of deceased individuals and angry gods and goddesses. People frequently recognise that human neglect is usually at the basis of supernatural discontent" (Hitchcock & Jones,1976,p.7).

As regards the history of Newari tantric Hinduism and Buddhism in the Kathmandu Valley, speculation is rife as to the greater popular salience of the one over the other. On the one hand, as Locke indicated, most of the principle deities on the village level have always been Hindu tantric deities such as Harisiddhi, Bhagwati (the mother goddess), Nasa Dya (the god of music, considered a tantric manifestation of Shiva) or Bhairava (n.d.,95). However, until very recent times, at least the Newar peasantry, the *Jyapus*, who make up a large sector of the Valley's village population, relied solely on Vajracharya priests to cover their ritual requirements and even in a predominantly Hindu Newar place such as Bhaktapur, there were traditionally far more *gubhajus* than there were Hindu tantric priests (comp.K.P.Malla,1985,p.74). Siegfried Lienhard remarked that it was under the supposed agents of Hinduisation, the Mallas, that Vajrayana Buddhism became influential to a greater degree than before (1984,p.127). This is borne witness to by virtue of the fact that the establishment and maintenance of the Buddhist monasteries, *bahals* and *bahis*, resulted out of a collaborative effort on the part of both the Buddhist and Hindu elite (comp.Locke,1980,p.110).

When it comes to defining the overall nature of popular Newari religiosity on the folk level, according to G.S. Nepali, "the desire to achieve ultimate salvation in life never figures prominently in their [the Newar's] religious life. The majority of gods and goddesses are worshipped rather for avoiding their displeasure than for invoking their blessings. Therefore we can say that they are rather propitiated than worshipped"—a contention which could be extended to the bulk of Nepalis, however. The same author opines that on the basis of the "intermingling of Hindu and Buddhist beliefs and practices [there is]...a predominance of the lower aspects of religion, characterised by such rituals as would be considered unbrahminic by the orthodox Hindus" (1965,p.340, 286).

Although the term 'tantra' does not appear in this author's seminal work *The Newars*, it may be safe to say that these "lower aspects of religion" refer to popular tantric aspects, corroborated by the prevalence, as noted by the author, of tantric deities such as Bhairav and the wrathful female deities. Nepali quotes Levi as having said that there were over five million Bhairav images in Nepal, a deity said to have been more intimately connected than the more orthodox form of Shiva or Mahadeo with the life of the Newars. (1965,p.304) Despite their function as protectors, the Bhairavs belong to the group of wrathful, bloodthirsty deities, ritually connected with lower caste Newars since their worship is normally conducted by *Jyapus* or by even lower priestly castes. Divinities, amongst the Newars, particularly the tantric ones, form a major focal point of their unique masked dance, the *phykham*, normally performed by *Jyapus* (Newar farmers) or other lower ranked groups such as the gardeners, the *Gathu* or *Mali*. Van den Hoek states that the tantric principle guiding these dances becomes manifest by virtue of the fact that it is thought that the *shakti* must enter the dancers to enable them to wear masks and thereby "become" the deities (comp.1992, p.6).

In regard to female deities, the goddesses in their "lower forms" are considered the female equivalent of Bhairav and as such are considered tantric. Nepali names them as Durga, Bhagwati, Kali, Mai or the Newar term Ajima (a respectful term for grandmother) and Kumari, who are more feared than

venerated (1965,p.306-307). Levy indicates that the term Bhagwati is "the most common name for the goddess in her full power...where she has incorporated the power of all lesser forms of the goddess" (1992,p.242), although his detailed break-down of female deities in Bhaktapur may not be as relevant for other Newar settlements.

My own survey revealed that the Ajima is generally considered the most dangerous of goddesses, governing disease and its cure, especially smallpox and infant diseases. The cult of Ajima, according to Nepali, is prevalent equally amongst Hindu and Buddhist Newars, and the goddess is often found in the form of round stones placed in strategically important sectors of a town or village to function as protectors. With the exception of the Hariti Ajima located adjacent to Swayambhu Stupa, regarded as Buddhist and hence not taking blood sacrifice, the Ajimas or Mais are normally propitiated through animal sacrifice. Their shrines and those of the Bhairavs are often located near cremation grounds on the river banks and the priests officiating at these shrines mainly hail from the untouchable Newar castes of *Pode, Kusla, Kasai* and *Chyame*, as they are simultaneously involved in the formalities, defiling for other castes, regarding cremation (comp. Nepali, 1965, p.311).

In summary, Robert Levy indicates that the goddess can act as protector "only by sharing in the non-moral power of the external forces she has to defeat and represents the destruction that will overtake members of a group if they violate their adherence to the moral system and moral solidarity of the group. She binds members into the group as well as defending the group's boundaries and representing it as a whole" (1992,p.285).

Other typical Newari deifications mentioned by Nepali include saints and cultural heroes such as Manjushri, the Buddhist god of wisdom and especially, Machhendra Nath, the Buddhist god of compassion, known also for this reason as Karuna Maya. The latter is considered responsible for rain and agriculture, harbouring tantric overtones regarding the rituals connected with his worship. The Nagas, serpent deities, are

also considered agents of rain. The Naga cult has a tantric dimensions, particularly since the snake god is thought capable of simultaneously causing – in case the waterways are desecrated - and curing certain afflictions, especially skin diseases. Nagas in Nepalese and Tibetan lore can be prevailed upon, according to Nepali, to protect the home, ensure peace and to confer wealth, since they are also considered guardians of treasures (comp. 1965,p.323,326).

The supernatural realm of spirits, demons, witches and deities who behave in a demonic manner is the actual sphere considered tantric in popular Newari culture. Nepali indicates this to be "the predominant factor in the control of the Newar's life and that the lower pantheon (of deities) is only a degree above ghosts and spirits" (1965,p.340). Amongst Newars, the boundary between those forces considered demonic and those considered divine is often difficult to demarcate. During the festival of Gatha Muga, van den Hoek indicates that the ghosts who are driven out of the towns to enable farmers to begin their harvest are addressed by the honorific *bhudyo*, meaning ghost-god (1992,p.11).

The fact that tantra is the salient Newari religious and cultural idiom can be noted, in addition, by virtue of the fact that it comprises a significant source of inspiration for the highly developed craftsmanship and artistry of the Kathmandu Valley. It is contained in the typical pagoda-style temples, shrines, houses, statues and wood carvings adorning most traditional Newar buildings, especially the window frames and struts. Most of the motifs utilised by the Newars have tantric references in that, for example, the famous Newari windows are so designed to thwart witches and other evil forces from penetrating the house. Images of protector deities are carved into strategic parts of a house or a shrine to fulfil the same purpose, and one can often see a *yantra* drawn outside the main entrance for this reason, as a way of protecting the house from supernatural forces.

Despite the enduring relevance of tantrism for structuring ritual relations and practices, it is nevertheless questionable to what extent the attendant emphasis on the female principle

has acted as a liberating influence. Especially when it comes to the position of women it is doubtful, judging from the research on this topic and from my own experiences, that the cult of female deities has acted to ameliorate the actual condition of women. The few studies existing on this topic reveal that Newar women do fare slightly better than most especially high caste Nepalese women in that, for example, the ritual attributions of impurity are considered less for Newars than for Parvatiyas. An interesting study undertaken by Bina Pradhan about female *Jyapu* villagers demonstrates the basic equality existing between the genders, at least on the village level. It is possible that this mainly resulted from the *Jyapuni's* important economic role in the village economy and the attendant lessening of ritual circumscriptions, in contrast to her higher caste counterparts (comp. Bina Pradhan, 1981).

It can be seen that in Nepal, high status does not always confer freedom from restrictions and amongst the Newars, it usually implies greater conformity to Hindu norms stipulating a woman's inferiority and ritual circumscription. In any event when it comes to tantra, it seems logical that the lower the woman's caste, the closer she would be considered to the tantric deities of the lower pantheon. Witches, for that reason, are often thought to come from low or untouchable castes and liable to recruiting the fierce Ajimas as their patron deities.

The works of Levy (1992) and Gellner (1993) emphasise the esoteric, soteriological tantric tradition, more than the popular level of tantra described by G.S. Nepali. Moreover, the fact that Nepali, as an indigenous researcher, hardly touched upon the esoteric facets of tantra gives credence to the theory that this could be an indication of its comparative lack of relevance for Newar society as a whole.

In closing, it must be remarked that tantra, although having permeated particularly Newar culture from many angles, has also had an impact on non-Newars. The main difference between them may inhere, as G.S. Nepali has remarked, in the fact that the Newars have elaborated the lower pantheon of tantrically active deities more in terms of their ritual observances, than the non-Newars. Other researchers have

also pointed to the greater persistence of beliefs in tantric phenomena amongst all sectors of Newar society, whereas amongst especially the more prosperous members of Nepali society in general such beliefs seem to be fading more quickly.

Part II: DEITIES, DEMONS, SPIRITS AND WITCHES

The discussion in the following is devoted to an elucidation of the primary forces comprising the supernatural sphere in the Kathmandu Valley and, to a certain extent, throughout the whole of Nepal. Although focusing more on Newari cultural conceptions, it must be noted that the migrant population residing in the Valley has also invariably been influenced by these concepts.

DEITIES

It is generally believed that misfortunes can arise if one neglects to worship, or does not correctly worship the gods and goddesses from the lower and higher pantheons. In addition, leading an ungodly life full of sinfulness is considered to make one vulnerable to deity-caused illness or misfortune. This is in accordance with ayurvedic concepts related to the avoidance of disease through living in harmony with certain rules which are ultimately linked with religious norms and values. It would appear that, in regard to the benevolent deities from the Hindu and Buddhist higher pantheon who do not usually attack individuals, the failure to worship them only leads to their reluctance to assure their grace or blessing and not to actual 'punishment' on their part.

The goddesses in contrast, known either as Ajimas or *Matrikas*, require constant propitiation through periodic pujas, offerings of auspicious foodstuffs, etc., to secure their active protection from attack by spirits, deities or witches. These often fierce female deities—who must counter equally fierce supernatural forces—can thus be considered mediators between the realm of deities and that of the lower demonic forces.

Amongst the deities associated with death, destruction and disease the best known are the goddesses called by the name Ajima in our survey. They are often represented in the form of a *pith* or *pitha*, which can comprise anywhere from one to a group of eight stones located at crossings, demarcating boundaries, at cremation grounds or on hill tops. The most popular are the *Asta Matrikas*, the eight mother goddesses. The best known of these in the Kathmandu Valley, according to Rajendra Pradhan, are Chamunda or the Kankeshwari and Kanga Ajimas, the Indrani or Luti Ajima of liquid gold, Bhadrakali or Vaishnavi, Swetkali or Nyata Ajima, Mhaipi and Chwasa Ajimas, Sobha Bhagwati and Balakumari. They are often located in a kind of protective ring around the city's periphery and are either purveyors of diseases such as small pox or may protect their devotees from such diseases and other dangers. Patron deities of the *bokshis* are, in particular, the Mhaipi Ajima, Balakumari, Sobha Bhagwati and to some extent, the Kanga, Luti and Luwari Ajimas. However, all these goddesses are worshipped to remove distress and simultaneously gain the power and knowledge with which to defeat evil spirits and sorcerers (1986,p.317-319).

Mary Slusser has noted that, especially in the past, these female deities were held responsible for the occurrence of epidemics like cholera, malaria or meningitis (comp. 1982, p.829,fn.107), though even today they are still being propitiated for this reason. The Nepalese historian D.R. Regmi stated that King Jaya Prakash Malla designated a land grant for the worship of the Kanga Ajima and the periodic sacrifice of a goat to her shrine for protection from illness (quoted by R.Pradhan,1986,p.318).

The survey I conducted shows that the consideration of deities as the salient causative factor of any kind of affliction is more widespread amongst Newars than amongst non-Newars in the Valley. In Newari folk belief, some individual deities, most of them from the Hindu lower pantheon, are, as stated, held responsible for specific maladies. According to Durkin-Longley and on the basis of my own observations, Hariti is connected with smallpox and children's disorders such as *runce* thought to be caused by contact with a pregnant

woman and birth difficulties, whereby the deity is considered simultaneously capable of its cause, prevention and cure. The main temple of Hariti—one of the few Buddhist deities in this survey—located at Swayambhu Stupa is always swamped by supplicants. Some subsidiary shrines of Hariti also exist, such as one in Patan located in the courtyard housing the Shaivite Khumbeshwor temple. To allay illness, boys can invoke Hanuman, the simian bodyguard of Lord Rama renowned for his prowess. Ganesh, the elephant-headed god, as Binayak "protector of the suffering", or "over-comer of obstacles" is worshipped in the form of Vasyadya in case of toothache at Bange Muda, in Kathmandu's old city, by hammering a nail with a coin into the wooden effigy. Interestingly enough, numerous dental practices have sprung up in Bange Muda, demonstrating the capacity of people to associate the deity with teeth problems.

Binayak is worshipped as Hinapamsydya in case of earache, represented by a hole at Pulchowk in Patan. People throng around the popular Ganesh, squeezed into a corner of Maru Tol in Kathmandu's Durbar Square, for relief from measles, chicken pox and hives. The Surya Vinayaka shrine outside of Bhaktapur is significant for curing the deaf and dumb. Unmatta Bhairav, located in Gyaneshwor, in eastern Kathmandu, is propitiated by childless couples, since they believe the deity has caused this affliction. The Kumari, depicted either by one or a group of round stones or by her crown, is worshipped by women in case of excessive bleeding and menstrual irregularities.

The snake deities, Nagas, thought to inhabit any spot containing standing or flowing water, are believed to cause heart palpitations and various skin disorders such as shingles. In this case, when the skin rash is seen to run along a nerve of semi-circular shape, the belief is that were the circle to become complete, the patient would die. To prevent this, someone from the *Chitrakar* (Newar statue painter) caste is required to paint a pair of lions around the effected part, the only remedy thought to lead to this disorder's cure. It is considered to be caused by the Nag deity inhabiting wells, which was not being propitiated or whose sphere being desecrated. An im-

portant Nag shrine, at which people tend to propitiate the snake god for this reason, is Mee-Nag located at Sundhara, across from the General Post Office in Kathmandu.

It is believed that Bijeshwori—revered as Akash Yogini by Buddhists—housed above the Shova Bhagwati shrine near Swayambhu can cause limb paralysis and weakness. The couple deity suspended in the air at Bhatbhattini in north-eastern Kathmandu, is similarly held responsible for temporary limb paralysis, throbbing, forehead and chest pains. Nyakantala is a Newari deity associated with eye problems at a quarter of the same name near Asan in the old city, the same *tol* housing Lonya represented as a fish carved in stone, linked with vomiting and body pain. The Kushing-Dyo Ajima, whose shrine is north of Balaju, is known to cause (and cure) backache. Surya, the sun god, who does not have a specific shrine but is generally depicted by a *yantra*, is worshipped at sunset in case of severe headache. A family's *kul devta*, the lineage deity, is thought capable of causing any kind of affliction for which one must, however, engage a priest or tantric specialist for its propitiation (comp.Durkin-Longley,1986,p.83-85). The lineage deity which is often depicted through a group of stones, can be represented by any deity from the lower or higher, Hindu or Buddhist pantheon, and is of crucial significance since it plays a pivotal role in life cycle rituals. Particularly shamanistic healers consider it an important source of empowerment and often perform healing rituals at the shrine of their *kul devta*.

Newars acknowledge the existence of five main tantric deities held responsible for physio-psychic disorders such as *chopne*, a trance state triggered off by possession by a deity, spirit or witch and considered to require regular propitiation, even in the absence of symptoms. These are Hariti, Bijeshwori, Bhatbhattini (Newari: Mumpata-dyo), Unmatta Bhairav and the fifth, recognised only by Newars, Akash Bhairav. The latter's main shrine is located in the Newar village of Halchowk, behind Swayambhu, in which the deity is represented through his ornaments and mask. He is held responsible for a uniquely Newari children's and youth's disorder called *Akash lue* or "space illness" in which the victim is literally 'spaced-out' for a brief period, with eyes wide open, staring into space and

trembling or shaking, characteristic of trance states. A senior woman of the house or an *aji* (traditional mid-wife) will be called upon to throw rice mixed with water (Newari: *jaki-hollegu*) on the victim's face, which provides immediate relief. Though a small offering or *kisli* must be made to the offended deity immediately, subsequently, a more elaborate offering consisting of *samee-bhajee*, Newari ritual food items such as duck eggs, alcohol, sweets, etc., should be given, coupled with a puja at the deity's shrine, to prevent the symptoms from re-curring.

Localised deities from the Newari lower pantheon whose displeasure is similarly thought to result in illness are those specific to a particular locality. These include certain stones – *pitha* - representing the mother goddess and are propitiated through the application of red powder by the nearby residents. There are deities of the refuse pile and cross-roads - who must be offered a portion of a feast for propitiation - or the deity of a certain place in a courtyard which also needs to be worshipped to ensure the welfare of the surrounding houses. Specifically in regard to illness, G.S. Nepali mentions Chwasa Ajima, the Ajima of the cross-roads, who manifests her attack by causing stomachache to a victim, loss of appetite and gradual emaciation. Children's diseases are also attributed to her and she must, in these cases, be propitiated through food offerings called *bow-taye-gu* (Newari), offerings of rice, turmeric and black gram to appease a spirit (*bow*) (1965,p.334-335).

The term Chwasa need not necessarily denote a crossing, but can refer to a specific area such as an elevated ground set aside for the disposal of impure items connected with death, mourning or birth. Robert Levy contends that the characteristic of a certain class of dangerous deities, of which the Chwasa is said to be one, is to simultaneously absorb pollution and protect the area from the danger arising therefrom. The Chwasa is said embody all three, the stone, the crossing point and the divinity thought to be located there. In fact, in many cultures globally cross-roads are considered areas of social ambiguity or transitions and thus considered ritually dangerous (1992,p.193-194).

In Kirtipur, a town inhabited mainly by *Jyapus*, Devkota indicates that people consider the Chwasa to be presided over by a couple called Aju-Aji, grandfather and grandmother, considered deities by some and spirits by others, evocative of a frequent blurring of boundaries amongst Newars, between the godly and spirit/demonic realms. There are numerous other deities-cum-spirits associated with similar public disposal and polluted spots, water sources, sewers and crossings, believed to cause afflictions of various kinds if they are not shown respect by the inhabitants (comp.1984). This belief system acts to restrict the disposal of rubbish to certain designated areas which are normally well away from the houses. More significantly, in my opinion, it reveals a fundamental attitude of respect for one's immediate environment and a desire to live in harmony with it. Considering the devil-may-care attitude of modern man in contrast, it seems there is much to be learned from an attitude such as the one exhibited here, based on the recognition that man's actions are governed by a higher force, whose creation one must continuously strive not to violate.

Space, in this specific cultural ideology, is rendered the more sacred - in a paradoxical reversal of the usual assumption - the more it is subjected to pollution and impurities through human actions. This, simultaneously, calls forth the necessity of human compensation for the desecration incurred, enabling one thereby to maintain a balanced relationship between the different spheres, human and superhuman or godly. It is believed that this relationship needs to be continuously cultivated and not taken for granted or, worse yet, spoiled, without the possibility of rectification. People in the industrialised countries have, by contrast, unfortunately become habituated to taking nature and their environment for granted, which has led to the over-exploitation of natural resources and the desecration of the earth by chemical substances used in industry and warfare, having, in some cases, irreparably destroyed the fragile ecological balance. In contrast, the people forming the focus of the present study seem to have a built-in cultural mechanism, articulated and perpetuated through supernatural beliefs, ceremonies and rituals, preventing them from acquiring the hubris essential for this kind of over-exploitation to occur.

SPIRITS

The major characteristic of spirits, demons and witches is their propensity to attack their human victim in order to satiate their need for human blood and flesh. Although spirits and demons are generally considered invisible and present only through their *hawa* or breath, their vital essence, nevertheless, they can employ a human or animal form as a vehicle, as became evident through my survey. It is generally believed that if one sees a spirit or witch before they see their potential victim, it is possible to avoid being attacked. Attacks generally happen at night or in the dark, in the absence of electric light and therefore it is thought that they occur much less today than in the time before electricity was widespread. By the same token, attacks happen with greater frequency in remote areas of the country, devoid of electricity. Artificial light is thought to frighten away supernatural beings, as they are in their element when it is dark. Light through fire or oil lamps, however, is not considered to frighten them very much.

There are certain locations favoured for attack, away from sources of electricity, such as fields outside the village or town periphery, cremation grounds, crossings, near water (river bank, pond, well, water spout) or at the site of the death of someone whose soul became a spirit, often the latter's own former home. A spirit of this type common amongst both Newars and non-Newars is called *sikha* (that of a deceased family member). According to Nepali, it can also be the cause of disease, poverty and familial disharmony if not propitiated in *shraddha* (death ritual, occurring annually) (1965,p.336). Thus, one can see offerings for spirits placed at strategic spots such as crossings or in front of houses, designed to replace the human offering they are thought to crave.

As is evident from our survey, the most frequently-sighted spirit is the *bhut-pret*, often seen in the form of a black cat or ugly man, disappearing before a victim's eyes, or whose form somehow changes. It can also materialise in the shape of a fire called *ranke-bhut*, in that of a tree which suddenly disappears or changes form, a savage animal such as a tiger, a bear, or even a common domestic animal. Although *bhut* alone

is the more general term for ghost or spirit, however, it is often used in conjunction with *pret* signifying the restless spirit of someone who died an unnatural or violent death through an accident, for example. *Prets* and other spirits are thought to be of people who committed some crime or sin such as suicide and were, for that reason, denied their proper funeral rites.

According to common perception, a soul does not transmigrate automatically, but remains in a dormant state for a year, to transmigrate only if proper funeral rituals have been successfully or correctly completed. *"Preta"*, according to Levy, is "the particular spiritual principle or entity that represents the continuation of a person after death, and that undergoes various transformations. For the first 12 days after death the spirit is conceived to be in a *preta* form, after which it is variously conceived as becoming an ancestor spirit or *pitr*...the corpse itself is also referred to as *preta"*. The difference between this spirit and *bhuta* is that the latter are "uncanny forms that are not derived from human spirits and that are independent beings", though said to be responsible for the same kind of phenomena as *pretas* such as poltergeists, diseases, apparitions and disturbances in one's sleep (1992,p.270-271). According to popular perception, however, the *bhut-pret* appears to be endemic in society, especially since there are many instances of proper funeral rites not occurring. Other spirits arising out of this are the *pisach* and *masan* (or *masan-bhut*), the latter believed to haunt cremation grounds, searching for an unsuspecting victim. The category of *bhut-pret* and *pisach* becomes manifest in various other spirit forms including *murkata*, a headless man riding a white horse with eyes on its shoulders.

Following the *bhut-pret*, the second most frequently experienced spirit being was the *khya*, known amongst non-Newars as *khyak*. B.P. Sharma indicates that though the *khyak* are followers of Kali, they still possess a dual nature in that they can either be playful and benevolent (the white *khyak*) or malevolent (black *khyak*). Generally they are thought to assume the form of a dwarf covered with thick hairy wool with their tongues hanging out. Though Sharma contends that the white *khyak* is often tolerated in a house since it is believed to

bring good luck (1981,p.40), in our survey hardly anyone reported sighting such a *khyak* and even an encounter with the "ball-type playful *khya*" resulted in a severe and prolonged illness. However, it is also possible that those experiences without any negative repercussions were simply not mentioned by the respondents, as the survey specifically attempted to explore the connection between supernatural attacks and the occurrence of illness or bad luck.

The researcher Rajendra Pradhan relates that the *khya* is elaborated to the greatest extent in Newari folklore: the *sik-khya* is thought to attack all family members of the deceased, in the absence of the correct funeral rites. The *barha-khya* is the spirit of a young girl who died while undergoing menarche confinement, commonly termed *gufa* (cave) or *barha* (1986,p.329). Nepali comments that during a girl's confinement in *barha* she is thought to be under the influence of this spirit and thus, the *barha khya* should be propitiated daily. In case a girl actually dies during confinement, the entire house is considered inauspicious and it is believed that a couple residing there will rarely survive there together (1965,p.336).

There are also playful *khya*, avers Rajendra Pradhan, who are not malignant such as the above two, but mainly play tricks on people, such as the ball-of-torn-clothing *khya* cited in the above, the *la-pa khya*, who blocks the road or passage at night so that one can not easily locate the entrance to one's own house, and the black *khya* which haunts the field at night. The *buda-khya* is the male counterpart of the *barha khya* and the *Lakshmi khya* is considered the attendant of Lakshmi, the goddess of wealth, guarding the family store room and their wealth. These kinds of *khya* are normally two and a half feet tall, with black, shaggy hair, but are creatures thought to have no bones and it is believed that the *khya* originated out of Parvati's menstrual blood (1986,p.329). D.R.Regmi speculates that a possible derivation of the *khya* is from an ancient demonic forest spirit, the Yaksha (quoted by Levy,1992,footnote 67,p.720). The *khya* is often represented in temple iconography together with its partner, the *ko-won* (Newari), a skeleton considered (unlike the *khya*) to be unambiguously malignant, causing illness or misfortune.

Another spirit which several respondents reported sighting, but without anyone having become her victim, is the *kichkinni*. According to Sharma, she is the spirit of a woman who died during pregnancy or delivery, having been a victim of illicit sexual relations. In case special rituals are not performed for her, her spirit becomes a *kichkinni*, who, according to the author who was a former medical doctor in Nepal's oldest hospital, is "a female who is never sexually satisfied" (1981,p.35). In Kakar's interpretation, this corresponds to a common fantasy of the Hindu male who is in constant fear of semen loss and is thus paranoid of a sexually dominant woman who may rob him of too much semen (1982,p.28). The *kichkinni* is depicted as a beautiful and seductive female with long hair and, as several respondents to the survey said, with her breasts flung over her shoulders. Her most notable feature identifying her conclusively as a spirit and not a human is the fact that her feet are on backwards, which a victim may not ordinarily notice in his enraptured condition. In the process, it is thought that he becomes increasingly emaciated and will eventually die of sexual overindulgence if not rescued, or if he does not notice the *ulta*, backward, position of her feet in time.

As can be gleaned from Kakar's discussion, most of these spirits are in fact well known throughout South Asia, often under regionally specific designations. Kakar contends that "...both the *bhuta-preta* and the *pitri* (ancestral spirit) are a tangible, living presence for most people. They seem to populate a mental region that is contiguous and has open borders with the land of ordinary consciousness in which normal, every day life takes place. Persons may...have encounters with the spirit world without them being necessarily regarded as auditory or visual hallucinations of the pathological kind" (1982,p.57). The findings deriving from the survey would definitely corroborate this contention, especially as the sightings of spirits were not considered particularly unusual and occurred with relative frequency. The question of whether these encounters were real or merely mental projections, however, remains a matter of individual belief or interpretation.

DEMONIC BEINGS

The next category of supernatural being is that of the demon, often referred to as *bir* or *betal* (occasionally acting as protectors of shrines and the deities they house) and normally confused, in the survey, with the *bhut*. They are not considered ancestral spirits or ghosts, but rather invisible demons or vampires. *Birs* often assume the shape of animals, preferably pigs or buffalos, to facilitate their proximity to their human victims, whom they penetrate or possess in order to suck their blood. The *vetala* (Sanskrit), according to Levy, is considered in Puranic accounts in which Bhairav is the son of Shiva and Parvati, as Bhairav's brother. However, in Bhaktapur the Akash Bhairav's vehicle is Beta Dyo, a Newarized form of *vetala*, approximating, in any event, demons, ghouls or vampires which frequent burial grounds and are thought to reanimate corpses (1992,p.257).

In Nepali's opinion, demon-worship is common amongst Newars with some promoted to the rank of Bhairav such as Akash Bhairav and Pachali Bhairav (1965,p.334). R. Pradhan contends that demons known in local parlance as *danava*, *daitya* and *rakshasas* must be defeated since they are considered equal to or even more powerful than the gods—often due to boons granted by Brahma, Shiva or, more rarely, Vishnu. When gods and goddesses act in demonic fashion they transform themselves into demons. In this sense, if the demons are negative aspects of deities, then the *rakshasas* in the form of giants, ogres and flesh-eating demons are thought to be the negative aspects of humans. Thus, they behave in ways contrary to the established order in that they consume human flesh, gorge themselves at feasts and wreck havoc during rituals. In this capacity they are often lumped together with *daitya* and *bhuts*. The most famous *rakshasa* in Hindu mythology is Ravana who abducted Sita as related in the *Ramayana*. *Rakshasas* amongst Newars are represented in the form of *lakhes*, said to have been originally humans who, due to their strange and disgusting behaviour, became demonic creatures (comp.1986, p.320-322). According to Nepali, the *lakhe* is the *kul devata* of the Ranjitkar caste, further illustrating the interdependence between the human and the supernatural realm.

My research findings revealed that the Newars, possibly more than any other ethnic group in Nepal, believe in a demon's more benign and human qualities. This is exemplified beautifully by the *lakhe*, who, judging from information gleaned from members of the community, comprise a particular object of affectionate familiarity. They are said to roam about in families and will often assist people they encounter, usually of the opposite gender to themselves, in that a *lakhini* will help a human male and vice-versa a *lakhe* will assist a human female. Their preferred habitat is an uninhabited hillock or a clearing in a field or forest. Similarly to the *khya*, they are thought of as dwarf-like and hairy, although not boneless, since they are renowned for their physical strength. This become manifest especially when taking on a hapless victim, usually a farmer who might have inadvertently infringed upon their territory without leaving any offering such as a leaf plate heaped with food. Stories abound of the *Jyapus'* tussles with the *lakhe*, in which either party could win or lose. Farmers will often, even today, leave a small section of their fields uncultivated out of regard for the *lakhe's* right to have a space of their own or to avoid the fights which may result otherwise.

Both the *lakhe* and the *khya* are favourite figures in Newar folklore and in the masked dance, in which particularly the *lakhe* strikes a lone, dashing figure, designed to inspire reverence and awe in the spectators. Although considered essentially demonic creatures, the *lakhe* and *khya* are still endowed with human attributes. Thus it is possible to speculate that their physical dwarfishness could be evocative of a human's psychic or mentally stunted growth, their furry features betraying a feral grounding in the wilderness, outside of the normal human habitat. Perhaps this also accounts for their fascination, since they can be considered humans who have been demoted to quasi-bestiality. Their way of life, beyond the boundaries of human norms, therefore, holds an enduring attraction for members of a traditionalistic, conservative society in which individualism and deviance of any kind is barely tolerated. In this sense, quasi-human creatures such as the *lakhe* or *khya* may be seen to embody people's fantasies about life outside the framework of ordinary social constraints. Newars in particular, tend to view these demons with compas-

sion and indulgence (since they represent submerged parts of their own psyche), exhibiting pride in these cultural creations, manifest when they are being impersonated in the Newari *phyakham*, the ritual masked dance.

WITCHES

Witches, called *bokshi* in Nepal, are considered particularly pathogenic in that they are thought to be the chief supernatural cause of any kind of affliction. The survey revealed that whereas the bio-physical was considered the main cause of illness, the *bokshi* came a close second, with spirits only in fourth place, just after planetary causes. Witches—mostly thought to be females—are considered human, unlike the other manifestations of the supernatural sphere. However, they often consider certain wrathful manifestations of the Ajima as their patron or tutelary deities, leading to their own empowerment and even the witches' possession by their patron deity. They are also considered to engage spirits, whom they had propitiated at cremation sites, as their helpers. However, since, in a similar capacity to spirits and certain types of demons their *raison d'être* is thought to be that of attacking humans for the sake of sucking their blood or imbibing their vital essence by penetrating their bodies, witches themselves may be considered quasi-demonic beings.

It is thought that *bokshis* often remain content with merely harming their victim in some way, expressed through the Nepali term "to spoil", *bigarnu* or simply *bigar*, which occurs through casting their evil eye (Nepali: *akha lagyo*) or uttering an appropriate mantra. In this way, they are thought liable to casting a spell normally on a victim's food, but in practice, on any object which they wish to spoil, be it crops, domestic animals, children or even one's business out of supposed jealousy due to their own deprivation of them. Witches are often considered to attack at night, in a person's sleep, when they are believed to turn themselves into spirits or a cat and suck a person's blood. Evidence, if needed, can be seen the following day in the form of a "*bokshi* bite", a dark bruise on the skin or through actual teeth marks. Newar women in

the survey complained of these symptoms more often than non-Newars and Newar men, who rather complained of other symptoms such as *bigar* and body ache as having resulted from an alleged *bokshi's* mischief.

In my opinion, the entire phenomenon known as *bokshi lagyo*, to be possessed or befallen by a witch, is fraught with ambiguities and questionable elements, more so than the other supernatural agents, especially since the witches are, as stated, human beings and mostly belong to oppressed female categories. According to common beliefs a witch is normally a known (or suspected) rather than a fully unknown person and the most often-cited witches in the survey were neighbours—although this could have been a deliberate deflection from people's real suspicions which often, in fact, focused on relatives.

A *bokshi*, according to the stereotyped viewpoint, is often elderly and alone, like a widow living by herself, as witches are thought to have sacrificed their husband or son to gain the requisite shakti for practising witchcraft. They are often considered to have some physical abnormality or disability, such as being cross-eyed, refusing to look someone straight in the eye, or ugly and bent-over. Sometimes they are directly implicated to be relatives, usually in-laws rather than members of the patrilineage. Occasionally, they would attempt to hide their true identities, but were recognised anyway by the respondents through their mannerisms or clothing. Or they could conceal their identities while performing their mischievous activities by turning into an animal, such as the proverbial black cat.

Rajendra Pradhan relates an interesting account given by a *Pode*, a *Pujari* at the Balakumari (Maiti Devi) *Matrika* shrine, who professed to have had many experiences of *bokshis*. The pujari averred that they could shrink to such an extent that they could enter or escape through the small holes in the shrine's windows, in case it was locked. He said he knew their identities perfectly, as the shrine was notorious as a source of empowerment for them. The alleged *bokshis* in question were said to have been marginalised individuals including a low caste Newar and a *Bhote* (a Tibetan ethnic group), on the

fringes of Newar society and possibly, locality (1986,p.332-333).

In similar fashion to the western concept of witches flying on broomsticks, Nepali witches are also thought capable of performing miraculous feats such as flying to far-off places, even of crossing continents in an instant. Although their identities are often known to their victims or neighbours, there is nevertheless, reluctance to expose them openly for the purposes of punishment or condemnation. Many respondents referred to the existence of a law protecting the alleged witches from false accusations since this often leads to the adoption of questionable methods to counter them, usually on the part of healers or powerful members of the community.

One favourite method, alluded to several times in the survey, was to brand-mark a suspected witch through branding her "vehicle", be it another person (usually a female) or an animal, with a red hot iron, whereby it is believed that the victim or vehicle will not feel any pain and only the actual witch will be effected. It seems that the popularity which this sanction enjoys may be linked with the fact that it is enshrined in the old legal code, the *Muluki Ain*, as a legitimate way of identifying and punishing an alleged witch, although no longer extant in Nepal's present legal code. Even though this method involves intense pain and scarification for life, it is considered a fool proof way of identification since, in this way, the *bokshi* is stigmatised for all to witness, acting as a deterrent of future mischief. It is also thought that contact with the witch can be avoided more effectively through her being brand-marked, since relatives or neighbours in the present social context cannot normally be ignored altogether, especially if they have made friendly overtures.

It must be remembered that the chief way a witch is thought to cast her spell is through *akha lagyo* or reciting a mantra over her victim's food or drink. This was corroborated by Wiemann-Michaels who found that 80% of the respondents to her survey felt they had been cursed through having imbibed food or drink "spoiled" through witchcraft (1994,p.59). Thus the likelihood of a witch being considered either a rela-

tive, a close associate such as a neighbour or, less frequently, a tea shop *sahuni* (female proprietor) – those most likely to offer one food or drink - becomes evident.

There are other ways of punishing alleged *bokshis* having at least historical, although not legal sanctions, one of which was enacted in the winter of 1995 in full view of residents and other bystanders at Swayambhu Stupa. According to an eye witness, my research assistant Mr. A.M. Buddhacharya, this incident involved the identification of a suspected witch by her supposed victims and the forcing of excrement into her mouth. However, as an article which appeared some time later in the government newspaper *The Rising Nepal* stated, incidents of this nature may, even today, not be so unusual, especially outside the Valley. Since many other crimes occurring in the capital go similarly unreported (at least in the English language papers), news items are evidently not an accurate indicator of the crime rate generally in this developing country.

According to Mr. Buddhacharya, a resident of the Stupa, the incident was sparked off by the fact that a number of daughters of a resident Shakya family had been getting possessed by a witch ever since the untimely death of their mother. As their condition was not improving after some days, a healer was called in who, while in trance, identified the alleged *bokshi* as a married son's mother-in-law and recommended this punishment as supposedly the only way of remedying the situation which had disrupted normal family life considerably. It is perhaps significant that this incident also refutes the widespread theory in Nepali society, of most witches belonging to low or untouchable castes (whereby they can be hired by the high castes to perform black tantra), since the alleged witch in this incident was from the same high Newar Buddhist caste as her accusers.

The elderly woman was accordingly hauled up to the stupa by a group which included her son-in-law and his male relatives, who formed a circle around her and, holding her so that she was unable to escape, pressed a jute bag filled with excrement against her mouth. By the time Mr. Buddhacharya

arrived on the scene, she was in such a state of shock that she needed to be supported, otherwise she would have collapsed on the ground. It is significant that no other resident of the Stupa had the moral courage to put a stop to this atrocity which occurred in front of the shrine of the Hariti, the goddess of healing, and in full view of numerous tourists, some of whom photographed the treatment meted out to the unfortunate woman. When one member of the community asked a tourist why he was taking a photo of an incident which did not shed positive light on their culture, the reply he got was, "why are you allowing a woman to be treated in this manner, in full view of the public?" Naturally, no answer was forthcoming since the inquiry was made by one of the silent majority, which—similarly to a crowd waiting at a New York subway station passively looking on as a fellow human being is being murdered—tolerated this blatant violation of human rights occurring at one of the holiest Buddhist shrines in the Kathmandu Valley. Although subsequently the perpetrators were hauled to the police station, no charges were ultimately pressed by the victim in order, it was said, to preserve peace between the families related by marriage.

When I sought the opinion of the head psychiatrist of Patan Mental Hospital, Dr. Dhruba Man Shrestha, about the possible significance of adolescent girls' possession by alleged witches, he replied that such instances are not so rare in Nepal. He said that he is occasionally asked to deal with this phenomenon which he termed a manifestation of group hysteria befalling, in particular, girls who have just reached puberty, expressive of their general anxieties upon coming of age. The anxiety is articulated by the girls in this way and corroborated by relatives or others accustomed to believing in this phenomenon, as possession by a witch is linked with their cultural conditioning. In another incident of this nature involving the daughters of a friend, he indicated that he solved the problem by simply dousing their heads with cold water and sending for a health assistant to give them a tranquilliser injection, which cured them of this condition. This indicates that even in Nepalese society, people are sometimes known to employ other more rational (and less cruel) means for dealing with the phenomenon of *bokshi lagyo*, possession by a witch.

It may still be argued that at least the form of punishment which saw the forcing of excrement into the suspected witches' mouth is still not as bad as the sanction occasionally resorted to, that of abject murder. That this method is still occasionally being resorted to in present day Nepal was made manifest by the survey I conducted. In these cases, the murder was either contemplated or actually perpetrated by the healer (although threatened by the victim or her husband) or, in one case, a village headman, as there was no one to challenge his power.

Occasionally, it is possible to hear or read stories of this nature in the vernacular papers, of healers or even common people apprehended for murdering or maiming an alleged *bokshi*. The landlord I had while living in Patan, a Shakya businessman, recounted an incident occurring on his own street, in which a female healer, a *deo-ma*, beat an alleged *bokshi* to death. Though the general feeling within the community was that of revulsion acting to decrease people's faith in healers of this type, again, no charges were pressed against the healer, though she subsequently shifted location. It seems, however, that the instances of healers taking the law into their own hands in this way could also be an expression of their frustration at having no legal recourse against witchcraft, due to the law protecting a supposed witch from false accusations.

In regard to the powerlessness experienced by some victims of witchcraft, the fate of a Shrestha resident of Patan is revealing, alleging that he was bewitched (through the tantric technique of *mohini* signifying enticement or attraction) into falling in love with the wrong girl. He indicated that this was only one of many pranks played on him by his tantric adversaries (either wizards or witches) which had even resulted in a brief stint in prison. As a result, he had become somewhat mentally unbalanced. Although having long ago exceeded the normal age for marriage, he is still single and due to his entanglement with these practitioners of black tantra believes he can not contemplate marriage, nor can he plan his career satisfactorily either. The informant, who is a craftsman, believes most witches to be men or at least, have a man as their guru.

Mr. Shrestha indicated that the number of these black tantriks has risen dramatically in the Valley, from only about 15,000 formerly to at least 400,000 at present. He is of the firm conviction that this phenomenon is being propagated on a high level in order "to keep Nepali society backward and the masses easy to dominate." He claims to have witnessed this during the People's Movement for Democracy (*Jana Andolan*), in which he himself was an active participant. During this period, the practitioners of *Kuvidya* (black magic) were working overtime, he related, to thwart the movement through various means ranging from the perpetration of atrocities through to the more subtle means of influencing people's minds, making them paranoid and mentally confused, and thus incapable of constructive activity. Although he has engaged other practitioners, mainly healers, to cure this condition which he himself is suffering from and to counteract the black tantriks, he has only been partially successful in this endeavour. This has motivated him to embark upon a campaign together with a group of concerned lawyers to alter the law protecting witches from indictment, since he feels the harm they cause to exceed the extent to which they are, legitimately or illegitimately, being persecuted. The passing of such a law could, in fact, have the positive effect of thwarting the usage of cruel methods to counter witchcraft, as the witch would thereby be rendered liable to prosecution.

In concluding, it must be remarked that in Nepal, similarly to the case in *The Wizard of Oz*, witches can also be 'good witches' and not only 'bad witches'. For example, informants have related instances of witches performing positive or compassionate actions by using their tantric powers in ways which were beneficial. In one instance related by a female informant, a witch was able to revive a child considered dead and subsequently brought him up as her own son. Evidently the child had simply been in a coma and was about to be buried when the witch, through her tantric vision, noticed he was still alive and was able to revive him.

This incident could be evocative of the phenomenon of the female medium possessed by Hariti who originally ordered her to heal, having its origins at least partially in witchcraft, as

women so possessed are often said to have been suffering from *bokshi lagyo*. Becoming healers enabled at least some of them to cure themselves of this possession syndrome, substituting the goddess of healing for the witch. Thereby, they can improve their economic and social condition which could have been at least partially responsible for their mental problems initially. For example, a prominent medium residing at Swayambhu was said to have been impoverished and grief stricken (at the loss of a son in child birth) when she was first possessed for healing. Today, she is reputed to be one of the wealthiest and most successful healers with patients and even a flock of devotees comprising a cult following, dotted all over the Valley and the country.

Regarding Kathmandu Valley civilisation, it has been shown that there is a strong interrelationship between the various components of the sphere of deities, spirits, demons and witches. Their relation to the occurrence of disease and misfortune is one aspect of their relation with the human sphere, which has also been explored in the present discussion. Final comments concern particularly this relationship which is the subject of the diagram depicted at the end of Appendix C.

The linkage of the underworld of spirits and demonic forces with the gods of the higher pantheon is, according to Rajendra Pradhan, mediated through Shiva in his incarnation as Bhairav, the lord of evil spirits (*bhut-pret, pisach* and *vetala*, a corpse possessed by evil spirits). In a myth, Shiva transformed himself into a *pisach* and ate foods normally prohibited for gods such as meat, alcohol and garlic. Similarly, there is an alliance between Bhairav, considered the lord of the *masan* in his form as Kal Bhairav and Mahakali and the Ajima, who is always present where Bhairav is. Some deities are said to have a *pret*, a *vetala* or a *daitya* (demon) as their vehicle and may even assume the identity of the latter considered, in that case, as Bhairav's attendants. By the same token, they may be directly related to the spirits in that both function as purveyors of death, disease and misfortune: Chamunda, for instance, is on the one hand, seen to conquer evil spirits, but on the other, also spreads disease.

Shiva, R. Pradhan indicates, is occasionally worshipped in the form of *pisach* in his incarnation as Lukuma Deo, the "hiding Shiva." This is traced to a Hindu myth in which the demon Bhasmasur, through his austerities, obtained a boon from Shiva of reducing anyone to ashes, on whose head he placed his hand. As he wanted to test it out on Shiva himself, the latter had to go into hiding, under a garbage pile, covered by a stone. He is worshipped thus to ensure good health and protection to the family and the festival of worshipping Shiva in this form, especially by women, is Pisacha Chaturdasi, when the Shiva Lingam is said to lurk in dirty places and eating the forbidden foods. By worshipping Shiva in this aspect it is hoped that spirits will be dispelled from people's neighbourhoods and houses (comp. 1986,p.317-319, 338-339).

When it comes to the correspondences between the human-spirit-demonic sphere, it is perhaps significant that untouchable castes such as the Newar butchers, the *Nai*, are identified with demons due to the cruel nature of their profession—despite the fact that all sectors of Newar society relish the buffalo meat they chiefly slaughter. By the same token, witches are often thought to be recruited from the ranks of untouchables. A favourite caste is that of sweeper, *Pode*, whose members are considered repositories of *Kuvidya*, black or negative supernatural power and knowledge, with which they can either defeat evil forces or alternatively, practice sorcery or witchcraft. It was for this reason that the *Pode* healer in the present survey was unable to find suitable husbands for his daughters (despite his wealth and their beauty), since people feared his *kuvidya* and tantric activities, which included officiating at a *matrika* shrine. The *Pode* are considered to be experts at removing the spell of *mohini* and although they are predominantly pujaris at the Ajima shrines, especially that of Bhadrakali, Indrani and Balakumari, offerings from them are not considered polluting for higher caste devotees.

On the basis of this discussion, it is possible to appreciate the reciprocal nature of the ties between the different supernatural spheres, especially those of the positively and negatively sacred. Particularly significant is the impression gained of the greater social relevance of the negatively sacred, godly

sphere. Since even my survey showed that the female respondents in particular favoured the Ajima as their special focus of worship (males having chosen her in second place after Shiva), the centrality of the belief in the supernatural sphere becomes evident in their preference since, without evil forces to combat, to what positive use could the Ajima put her power? In fact, the *matrikas* are considered the pivotal agents for the subjugation of disease-causing superatural forces, given their proper and timely propitiation by humans or the tantric practitioners such as healers, considered specialists in the task.

By the same token, the healer and the *bokshi* are, in some respects, almost two sides of the same coin. Many healers are believed to have mastered the *bokshi* mantra in order to better combat evil powers and reciprocally, *bokshis* are thought capable of and some even active in, healing, as indicated. The barrier between *bokshi* and healer is thus rather porous in nature; it seems that one can easily begin one's tantric career as one kind of practitioner and end it as another. This reciprocal relationship is further illustrated through the myth surrounding Hariti's origins as a demon, a dreaded Yaksha. Having gained notoriety by devouring children, she was made to see the folly of her actions in causing so much suffering to humans by the Buddha. Once converted, she became elevated to the rank of goddess, the Hariti, and became responsible for healing mainly those she had previously harmed, the children. Thus, even in the framework of this myth, the fluidity of the boundaries between the two opposing roles becomes clear, especially the inherent lack of finality when it comes to the option one may choose in this regard.

In other words, one is not necessarily condemned in perpetuity to the one role or the other, but given the proper incentives or circumstances, even the worst offender can undertake a career switch with relative impunity. Therefore, the opinion of an elderly female respondent to the survey, that spirits can also be harmed by humans and even a *bokshi* deserves compassion as one of God's creations, gains credence as an example of popular perception of the inherent reversibility of roles, a true instance of folk wisdom.

Chapter 4

The Healing Experience

On the basis of the survey which I conducted amongst a representative cross-section of a healer's clientele I concluded that the dichotomy between the world of spirits and deities on the one hand and that of witchcraft on the other, is most salient in terms of defining the present discourse. Outside of the bio-medical sphere, these agents figure as the ones most frequently considered causative of the majority of disorders treated by tantric healers. I concluded that the sphere of tantric healing acts, on a macro-societal level, to uphold supernatural beliefs, and vice-versa, the prevalence of these beliefs also acts to reinforce the healing system. However, it must be noted that not everyone suffers to an equal degree from these kinds of complaints since people in Nepalese society are not considered liable in an equal capacity to having supernatural experiences. There are certain categories of people considered more prone to being attacked or effected in some way by supernatural forces than others. It is often thought that some of these people are more liable to acquiring supernatural powers themselves which can either be used for beneficial "white tantra" or, more often, for harmful "black tantra." However, on the local or folk level, the survey showed that people are inclined to acquire certain tantric techniques or *siddhis*, more often than not, due to the perceived necessity of warding off malignant supernatural forces.

The kinds of people in Nepalese society considered either temporarily or permanently more vulnerable than others to attack by supernatural forces, are first and foremost, anyone walking alone after nightfall or in the early morning, often in a strange place, beyond the protective boundaries of their own

localities. Children are also thought to be especially vulnerable due to their innocence and defencelessness, accounting for their propensity to develop culturally specific childhood symptoms. The largest group is no doubt comprised of various categories of women who are thought prone to supernatural attack, since they are regarded the weaker sex and by nature more susceptible than men to attacks of this nature. Furthermore, women in transitional stages of their lives, especially those who are recently married and subject to greater stress in their husband's households, are considered vulnerable. Widows, as they are regarded *a priori* inauspicious and believed to possess an innate propensity for dabbling in black magic, are thought of as more prone to attacks of this nature.

In general, disadvantaged sections of the population, either in terms of education, social position (low and untouchable castes), or the economically deprived are overall thought to be more susceptible to supernatural interference. Anyone under the influence of a weak planet is considered amenable to supernatural attacks, acknowledged as the most important factor by 26% of respondents to the survey. Marginalised individuals are thought prone to attack: although nominally high caste, since they were unable to obtain a position of power or influence, they are therefore allegedly inclined towards its acquisition through the practice of tantra. Last not least, those with some form of serious mental or physical disability, or a chronic, incurable illness such as epilepsy are thought of as vulnerable. Epileptic seizures are still often considered a form of *chopne* – a sign of possession by a deity one has inadvertently slighted, like Hariti or one of her children, according to Devkota. Or its occurance could have resulted from an encounter with the Deo-palagu (1984,p.14).

Regarding the ethnic or caste composition of a healers' clientele, observations at the healing practices of the various practitioners revealed that about a quarter were fairly recent migrants to the urban areas of the Kathmandu Valley and slightly more than half were Newars. Although this breakdown may be reflective of a given healer's clientele, it is debatable whether this can be considered to mirror the actual demographic composition of the Kathmandu Valley charac-

terised by constant flux due to migration. This situation has, for example, acted to lower the proportion of Newars, according to G.S. Nepali, from 55% in 1952/54 to only 45.7% in 1971 (1987,p.18), a figure which may have been further reduced by now, although it may be compensated for somewhat by the migration of Newars into Kathmandu from outside the Valley. Another important factor is the lack of a hard and fast boundary between the rural and urban spheres since many people residing in the city still have strong cultural, social and economic ties to their native villages. Particularly the case of the Newars shows how traditional architecture and other cultural norms can be pervasive, irrespective of urban or rural setting.

The survey revealed that the patients or clients frequenting Valley healers were recruited primarily from the following ethnic groups and castes: *Parvatiyas*, *Janajatis* and Newars. *Parvatiyas* comprised nearly 30%: they include the upper two *varnas* of Nepalese society, Brahmin and Kshatriya, respectively known as *Bahun* and *Chetri* in Nepal. These two groups together referred to as *Parvatiya*, said to constitute the largest single caste group in Nepal, may be considered comparable to their Indian counterparts in that *Bahuns* in Nepal also fulfil priestly functions and the aristocracy, defence and police forces are still predominantly recruited from the *Chetri* and related castes. For present purposes, what appears significant is that these two upper castes constitute the dominant force in government and often on the local village level where their position is buttressed by residual Hindu attitudes of putative ritual purity setting them off from the lower castes and ethnic groups.

Despite their objective political and ritual dominance, this was not mirrored in the present survey. The *Parvatiya* respondents who had migrated to the urban areas in search of work were, in fact, amongst the poorest of those included in the survey. *Janajatis* formed the smallest contingent, comprised of the tribal populations of Nepal's mid-hills and mountainous areas, many of whom like the Tamang, had migrated into the Valley quite long ago. The term *Janajati* was employed originally in consequence of the Third Amendment to the Constitution of Nepal (1976) providing more rights to the

non-*Parvatiya* population. They include mainly those of Mongolian origin such as Tamang, Gurung, Magar, and the Rai-Limbu, the latter considered *Kirati*, Sherpa who comprise the oldest of all tribal peoples in Nepal. This group also encompasses *Adivasis*, tribal peoples who had migrated from the Terai, and 'untouchable' castes like the *Sunar*, the Nepalese goldsmith.

Considered the original inhabitants of the Kathmandu Valley with a rich cultural heritage and mythology of their own, Newars stake a justified claim as the dominant group in Valley culture and society. The survey I made has shown considerably lower levels of real poverty within this group than in that of the latter two, *Parvatiyas* and *Janajatis*, mostly engaged in the lowest forms of menial labour. Newars, in contrast, even if they are predominantly farmers, can not be said to be that poor as they often own their own land which, in the Valley, has become extremely valuable in twentieth century Nepal. Besides, many Newars in contrast to other groups frequenting healers, hail from the lower-middle/middle class of small shopkeepers, business people, students and lower-ranking employees.

What may be considered common to all the groups presenting at a healers' practice is that the majority are compelled to endure sub-standard living conditions and all are equally subject to the progressive deterioration of life in the Valley. This is characterised by over-population and congested housing, water scarcity, severe and increasing environmental (especially air) pollution, competition over scarce jobs and resources, steady price hike of essential commodities and health hazards due to poor working conditions. For example, carpet workers, besides being poorly paid and having long hours, breathe in wool fibres causing lung disease and are often compelled to work on carpets seated in cramped, poorly lit, damp and cold factories.

In general, I was able to observe that certain healers attract a specific type of clientele. The *Bahun* healers, Guruba, for example, has more non-Newar patients, whereas *gurujus* (high caste Buddhist Newar healers-cum-priests) have a pre-

dominantly Newar clientele, especially in case their command of Nepali is poor. In terms of my overall assessment, my hypothesis was borne out postulating that the highest number visiting a healer do so due to suspicions of supernatural causation and witchcraft, usually confirmed by the healer. Likewise, it emerged that most patients spoken to at a healer's premises said that they had had previous experiences of both witchcraft and spirits and the highest number similarly averred that they believe in spirits and witches in equal capacity. One surprising finding which emerged was the slightly higher percentage professing greater belief in bio-physical reasons as the main cause of illness, followed closely by witchcraft. Most patients expressed equal preference for medical treatment and healing. The majority complained of body ache, followed closely by psychosomatic or undefinable symptoms linked with the supposed supernatural nature of their afflictions. Another hypothesis which was proven was that a strong belief in the supernatural, grounded in personal or vicarious experience thereof is more conducive to a belief in healing than would otherwise have been the case (i.e., if no experience of this sphere had been manifest).

It can not be denied that healers—as opposed to doctors—are still regarded as the practitioners chiefly catering for the poor and therefore, their clientele tend to be composed of the economically and educationally weaker sectors of the population. In the Kathmandu Valley these would include farmers, menial and carpet workers, small shop-keepers, housewives and, to a lesser extent, lower-grade employees and students. In this sense, the clientele of a given healer largely reflects the composition of Nepalese society as a whole, especially since Nepal ranks amongst the poorest nations of the world, the majority of its population comprised by subsistence farmers. In the Valley, though, there are more employees, students and small-scale business people known by the Nepali term *sahuji* (male) or *sahuni* (female), than is the case in other parts of the country.

Newars are somewhat exceptional as they are grounded more in supernatural beliefs irrespective of economic or educational background, since, as I have shown, this sphere is an

inextricable part of their religion and culture in terms of mythology, dance, art and architecture. Thus, it should come as no surprise that even members of the Newar elite and the more socially advanced and prosperous sector of the community appear to retain a residual (although not necessarily very firm) belief in the efficacy of healing, especially as performed by Newar healers like the *gubhaju*, the *baidya* and the *deo-ma*. Especially in the case of *gubhajus*, however, this may be linked with the fact that they also act as family priests and are literate, and so people have retained a measure of faith in them. Some people are still reluctant to visit the healer themselves for fear of appearing "backward", but will instead call the latter to their own houses and pay a larger sum to do so. Thus, in the minds of these "modern" Newars (and of many upwardly-mobile, well-educated non-Newars, too) healing is becoming more often associated with a socially and culturally regressive sphere, although this perception has not acted to mitigate instances still thought to require intervention of a tantric sort. These can be divided into two kinds, those resulting in ill health considered or proven as not allopathically treatable, and other problems connected, for example, with ill fortune such as lack of financial success.

Tantric healers are still being consulted to counteract the effects of 'negative energy fields', including bad planetary influences (*graha dosa*) and spirits or their agents in human form, the ubiquitous *bokshi* or *boksha* (the latter a male witch or sorcerer) wishing to harass a human victim. Healers are also consulted to make predictions concerning the outcome of an educational, financial, political or personal enterprise. Thus, people may consult healers to discover or enhance exam results (or to find the reason for failure), their prospects of succeeding in a new venture, whether professional or personal as in a marriage arrangement; or contrariwise, to counteract the activities of a possible competitor. However, not all healers are prepared to engage in the "black tantra" this necessitates. In my own experience, health serves as more of a focus for healer-related activities, especially as I found that even the other spheres (ill fortune, for example) are often intrinsically connected with the occurrence of disorders on the psychosomatic and pathogenic level.

PART I: THE CLIENT'S RESPONSE

Together with a team of research assistants I conducted a fairly extensive questionnaire survey (re. Appendix A for healers' and clients' questionnaires and B for samples of questionnaire results) amongst what seemed to be a representative cross-section of a healer's clientele. Since this constitutes an extremely sensitive area of enquiry, the difficulties connected with achieving honest replies were, naturally, considerable. Thus the selection of competent and socially sensitive assistants was crucial for the success of the survey. Fortunately, after much trial and error, I managed to select five assistants, most of whom were under 30 years of age, of whom only one was a non-Newar. The latter, who belongs to a Mongolian ethnic group and hails from a remote area in western Nepal, could thus converse easily with the migrants. The four Newar assistants included two females, one of them a doctor interested in tantric healing as she said many of her patients would visit healers first and only then, doctors. By this time, she averred, it would sometimes be too late to treat critical diseases like meningitis, particularly if the sufferers were children. The other three were university students living in the community, one of them a student of anthropology well versed in research methodology.

The following emerged as the main points of discourse which were isolated on the basis of a pilot study conducted in the initial research phase. Firstly, I sought to analyse people's religious beliefs and, by the same token, extent of belief in the supernatural sphere, and to document their actual experiences in this field. Secondly, I wanted to gauge their faith (or lack thereof) in tantric or spiritual healing per se, as opposed to medical healing and to discover their precise motivation for having sought out a healer. Thirdly, I wanted to evaluate people's perceptions about whether illness occurs mainly due to supernatural, or to bio-physical causes. Last not least, I sought to ascertain the kinds of symptoms experienced which encouraged them to seek out healers as opposed to doctors.

In regard to the gods and goddesses worshipped in the Valley, both Hindu and Buddhist, the male respondents pro-

fessed an overriding belief in Shiva and his manifestations (Bhairav etc.). Shiva, the destroyer in the Hindu higher pantheon, is often represented as Lord of the cremation ground and thus depicted as a sadhu, religious mendicant with long, matted hair, encircled by snakes and smoking a clay pipe containing marijuana. Shiva is primarily worshipped as Pashupati, Lord of Animals, at Kathmandu's most famous Hindu temple complex, Pashupatinath, serving as the chief place of cremation in the Valley.

Female respondents, in contrast, expressed a stronger preference for worshipping the Ajima, whose shrines appear to be just as pervasive as the Shiva *linga* (phallic symbol) in the Valley's religious scenario. In comparison with other deities, more people can be seen to worhip the Ajimas, since they are considered both liable to cause troubles and to function as protectors, and must therefore be regularly propitiated. Females also showed themselves as more ecumenical than their male counterparts, since women generally indicated a stronger belief in "all deities equally" and in the Buddha, than the males. The latter, for their part, indicated more trust in their *Kul Devta*, their lineage deity, which may be linked with the fact that the worship of this deity underlies the cohesion of the patrilineage of primarily the male members since females marry into another patrilineage.

Another question which I posed to the clients concerned their reason for having sought out a healer as opposed to a doctor. Due to poverty, a medical doctor is often not an option for many people in Nepal; others simply prefer healers over doctors, irrespective of their complaints, and only once the healer recommends it will they seek out a doctor. In the Valley, most people said the reason for resorting to healers was either because of the failure of medical treatment, or that it was insufficient in curing them fully. The overwhelming reply to this question, though, was that they had sought out healers since they feared their problem was caused by witchcraft first and foremost. Many also feared it was due to interference on the part of spirits and deities, although these could also have been incited by a witch. Likewise, most people interviewed professed to have had experience with witches and with spir-

its in equal capacity, although about half of all respondents said they had had no significant personal experience at all in the supernatural sphere.

The majority of patients questioned said that they believed in all supernatural phenomena equally, which includes ghosts and spirits (*pisach* and *bhut-pret*) in one group and demonic beings like the *kichkinni, lakhe* and *khya* in another. Surprisingly enough, when asked as to what they felt was, on an abstract level, the main causative agent of illness, the majority of males replied that it was bio-physical in nature. However, this was still followed closely by witchcraft, with a smaller percentage believing in *graha dosa* (planetary disharmony) and a deity's displeasure and retribution (*dosa*) for having been violated or not properly propitiated. Male and female responses to this question diverged significantly, with most females identifying witchcraft as the chief causative agent of disease.

Ambivalent responses were elicited to the question "who suffers most?", since the reply either concerned their suffering in society due to gender, caste, age or economic condition, or the subjective suffering of the individual respondent due to their outward circumstances, karma, etc. It became evident from the replies, however, that most people simply felt that they themselves suffer most, demonstrating an egocentric perspective and an overall inability (or unwillingness) to identify with the lot of others. Still, the answers showed that the majority identified children as the worst sufferers, followed by the aged, with females in third place. Females chose themselves in second place and their third choice was the aged. Males, significantly, selected low caste, revealing a more pronounced social conscience than evidenced by women.

The intention of the question regarding a person's preference for modern medicine or traditional healing was to determine whether the patients, having experienced both forms of treatment, preferred one over the other. Naturally, some patients have no choice since they either simply can not afford medical treatment or have restricted access to it, so some of their replies reflected their ideal viewpoint and not their ac-

tual options. In any event, the responses to this question were the most uniform of all, as the majority amongst all groups replied they prefer both tantric and medical healing equally, followed by a preference for medical treatment. Tantric healing alone was, more often than not, only their third choice, a reply which was somewhat unexpected as the respondents mostly belonged to a healers' clientele. However, as indicated, this may have been linked with the fact that many people who visit healers rather than doctors do so because they can not afford a doctor's mostly high fees along with the medication prescribed. Though government hospitals and clinics have only nominal consultancy charges of five rupees, other expenses like laboratory tests, x-rays and medicines are still expensive with antibiotics, for instance, costing on average 100 to 200 rupees (US $ 3.50) per dosage.

When queried about the symptoms experienced due to which they had sought out a healer, the majority of especially female respondents indicated they suffered first and foremost from body ache. This may be because many of them are engaged in hard physical, especially agricultural and menial labour, besides being burdened with house work. In Nepal, in common with most Third World countries, females work harder than males, but often do not enjoy as good a diet as males, besides their other handicaps. Body ache is, in any event, a symptom which is difficult for anyone, healer or doctor, to cure as it relates to a condition typical either of old age or prolonged physical or even mental strain. It must be noted that in the present cultural context, the occurance of this symptom is also thought to result from the activities of *bokshis*, since they are considered to suck their victims' blood or cause mysterious cancer-like growths, both of which result, it is believed, in the ubiquitous 'body ache' experienced by so many respondents. What was rather unexpected in the framework of this particular question was the relatively low incidence of *chopne* as compared to other symptoms. *Chopne* refers to any trance-related condition and includes possession by a witch or supernatural agent (normally a deity or spirit) and therefore comprises an important area of focus for a tantric healer.

PART II: EXPERIENCES OF THE SUPERNATURAL

Many of those interviewed were reluctant to discuss their own experiences of the supernatural with a stranger and sometimes preferred to talk about the experiences of others they had heard about or seen, especially in possession cases. In the latter, it must be remarked, the victim of possession by a witch in most cases, or to a lesser extent, spirit or deity, will have no recollection of their possession and therefore, too, cannot talk about it. In the following, I discuss the clients' experiences of the supernatural separately, according to gender and, within this category, ethnic group or caste, beginning with the experiences of female patients regarding witchcraft, the spirit world and deities.

Only about half of those spoken to said they had had any experience at all of the supernatural sphere. In regard to the ethnic breakdown, female *Janajatis* had proportionately the lowest number of supernatural experiences, with *Bahuns* the highest number. Only a limited number of *Chetris*, similarly to the *Janajatis*, said they had had any such experiences, whereas half of the high caste Newars had such experiences. Over half of the low caste Newars had had these experiences and amongst *Jyapus*, about half responded likewise.

FEMALES

Whereas it is difficult to generalise about the backgrounds of the female patients taken as a total group, it must be noted that according to most surveys undertaken, poverty is related to a higher prevalence of psychological and epidemiological disorders generally around the world (comp. Shrestha & Pach, 1983,p.30). It is significant that, in the present survey, several of the respondents, especially those with acute psychological symptoms (*chopne*, madness or *bahula*, aggression, suicidal impulses, etc.) had in fact, complained about their poverty, whereby it was considered to be implicitly linked with their supernaturally caused distress. Although this is a broad generalisation not peculiar to one gender over another, the following may instead be considered characteristic of the nature of afflictions suffered by females - which, as the survey

revealed, were generally more severe than those suffered by males.

The first concerns overwork, especially in situations in which the women must shoulder the double burden of housework and outside occupations, coupled with the generally lower priority accorded to a woman's mental and physical health in this cultural sphere. The second involves disorders arising from the female physiology, particularly regarding menstruation and its accompanying symptoms. Besides the usual ones of cramps, pain, etc., afflicting some women more than others, the tension-related symptoms are less known or acknowledged in Nepalese society. Known as PMT, pre-/post menstrual tension, this is a syndrome in which women under the impact of their body's hormonal changes at this time suffer from moodiness, varying degrees of tension, depression and even aggression which may include suicidal and homicidal impulses. PMT is a condition which even in developed countries can only be treated with difficulty as it is a highly psychosomatic syndrome produced by a combination of physical-cum-psychological and socio-environmental factors. Therefore, as can be surmised in Nepal, its victims and their relatives who are ignorant of the true cause of their symptoms, could easily interpret them in culturally specific ways like resulting from supernatural factors.

Another characteristic concerns conversion disorders, referring to largely psychosomatic symptoms arising out of the transition from one physiological and social condition to another, i.e., the beginning of puberty, marriage and relocation, child birth and motherhood, menopause and old age. Also defined by Shrestha and Pach as "adjustment disorders", these transitional periods often predispose the patient to experience a wide range of symptoms arising out of feelings of insecurity and stress at these times, which are also culturally articulated and indicated. For example, the onset of puberty amongst many communities in Nepal entails a young girl's, or a group of girls' confinement in a small room called *gufa* (cave), into which light is not permitted to enter, for several days. They are considered especially vulnerable to spirit attacks at this time. Furthermore, the entire complex surrounding menstruation is potentially stressful due to its negative cultural and

religious connotations entailing conceptions regarding a woman's putative impurity.

In the case of the *Parvatiya* women which Lynn Bennett examined, such beliefs are particularly stringent: there is a necessity of keeping away from her at this time, or from food or water she has touched. She is neither allowed to enter the kitchen nor the shrine room, is prohibited from combing or oiling her hair and must sleep segregated from others, on the ground floor. The women stated the reason they menstruate to have resulted from a "curse given by Bhagwan to women" (comp.1983,p.215-216), echoing a common expression employed in western societies for the same phenomenon, termed "the curse." Amongst other ethnic groups such as Newars, for instance, although these prohibitions may not be as severe, even within the latter community it was found that there are considerable differences, in this respect, between families and castes. One informant hailing from the low Newar caste of Nakarmi (traditionally metal workers), for instance, related the taboos operative at this time to be stricter than those of *Parvatiyas*. Besides maintaining all the restrictions harboured by the latter, the Nakarmi women were even debarred from using a common staircase during their menses. I myself encountered the ban of entering the kitchen at this time amongst Gurung women residing in Kathmandu, which surprisingly, would have extended to myself as a guest residing in their home.

The most significant transition occurs at a girl's marriage, especially as it involves moving from her natal home, her *maiti*, in which she is not overburdened by work and is often treated as an honoured guest, to her in-law's house, her *ghar*. There, she is suddenly relegated to being the lowest-ranking member of the household and often expected to perform all the unpleasant menial tasks until the birth of a son. Significantly, some cases I encountered involved girls married off when they had just crossed puberty, accounting largely for the stressful nature of this transition. Childbirth and motherhood, although ordinarily a fulfilling time for a young mother, may however, also lead to disorders of this nature. This occurs especially if the mother lacks the requisite support ensuring her

enough food and rest at this time, which may not be forthcoming under conditions of poverty, household disharmony or in the absence of the birth of a son. The question surrounding a son's birth, though considered desirable by nearly all ethnic groups and castes in Nepal, is still seen to vary in importance from family to family, and within the various social sectors.

Another syndrome burdening her at this time is postnatal depression which, according to doctors spoken to, has been largely unrecognised as constituting a genuine disorder in Nepal, although it entails similar symptoms as PMT. Still another adjustment disorder befalling the majority of women which again, according to doctors consulted, is often unrecognised in Nepal, is that of menopause which modern women know can easily be treated with hormone preparations. Symptoms associated with menopause including depression, physical discomfort (sweating, hot flashes), feelings of worthlessness, disassociation from reality, etc., again may lead to supernatural attributions for her abnormal behaviour at this time, particularly in the absence of knowledge as to the physiological cause of her symptoms. Some of the elderly women in the present survey presented symptoms relating to menopause which they unconsciously associated with their experiencing a lack of respect in old age ("old" under present conditions can imply 45 and upwards). It is this category which is particularly vulnerable to witchcraft accusations befalling females who may be, although not necessarily are, elderly, alone and infirm, exhibiting peculiar behaviour and often lacking sufficient means of support.

In Shrestha and Pach's survey, their findings significantly corroborate my own, as they found that amongst females there was the highest prevalence rate of reactive (anxiety, stress) and adjustment/conversion disorders. These often entail psychosomatic symptoms like depersonalisation and disassociation culminating in hysteria and depression (1983,p.32-34). Although not relevant to this study since it only dealt with the rural sphere, my own research which was mostly conducted amongst urban dwellers still revealed signs of such disorders amongst some women. Instances of actual schizophrenia (*bahula*) were rarer in Shrestha's survey, while 80% of female

cases involved depression and adjustment disorders. The researchers found that many of these involved women whose husbands either worked elsewhere, who had died or had abandoned them, or of women who had bad relations with their husbands or in-laws. What should have been included are women in polygamous situations, which, according to Bennett, is still not so uncommon in Nepal, despite legislation making it illegal unless the first wife is mad or unable to produce offspring (1983,p.187). By the same token, Shrestha found that in the majority of psychiatric disorders, sorcery or witchcraft was designated as the prime causal factor (1983,p.41-44).

JANAJATI

The group of *Janajatis* includes Tamangs in the majority, followed by Magars. Tamangs in particular are pervasive in the Kathmandu Valley, where they have been residing for quite sometime. Considered the single largest Mongolian tribal community in Nepal, they are also ranked lowest, as compared to the Mongolian groups like Magar, Gurung, Sherpa, etc., by virtue of the former's low educational and economic level. Many people working as porters throughout the mid-hills and even mountainous regions are Tamangs who are also known for their physical prowess and endurance. According to Nepal's old legal code, the *Muluki Ain, Janajatis* are ascribed a lower rank by virtue of being *Matwali* – alcohol drinkers. However, their status has improved somewhat with time by virtue of having enjoyed preferential recruitment in the British Gorkha regiment. This provided an opportunity for at least some of them (predominantly Magars and Gurungs) to travel abroad, earn money and provide better education for their children.

In regard to the relation between the genders *Janajati* society is characterised by a greater degree of equality between the sexes than possibly that of any other group in the survey (with the possible exception of *Jyapus)*. This makes itself felt in the relative lack of food deprivation of females as compared to males, more respect being given to women and more help around the house, at least in some cases. Therefore, although

all respondents, with the exception of one housewife, said they worked outside the home, the less grievous nature of their complaints, as compared with many others spoken to, may be linked with gender equality. Since many patients were, at the same time, carpet workers, the aspect of exploitation and their overall poverty probably serves to mitigate this positive social factor, rendering these kinds of patients more vulnerable to afflictions than would otherwise have been the case. There were, in addition, a few instances of disorders arising from their own bad habits, overindulgence in *rakshi* (home brewed alcohol) and *chang* (rice beer), and excessive smoking. This also serves to off-set them from members of other groups, the majority of whom said they normally abstain from intoxicants as it is considered improper for a woman in Nepalese society to indulge in them. Again, an exception must be made in the case of Newars since the females of all Newar castes, particularly middle and lower ranking ones, are seen to drink and, in rarer cases, smoke along with the men.

The respondents' jobs, besides carpet factory workers, also included small shopkeepers and farmers. As they must shoulder both housework and outside work, it is possible that they could not recuperate sufficiently from various symptoms, thus increasing the likelihood of resorting to supernatural explanations when the medicine only had a reduced opportunity to work. The respondents' age range was between 25 and 63, with a fairly equal number having had experiences with witchcraft and spirits, whereby half of the spirit-related experiences did not have negative repercussions. Encounters with witches, on the other hand, almost always resulted in afflictions fomented through *bigar*, casting a spell or a curse normally on a victim's food, but also on their domestic animals and crops, or on their business to make it fail or slow down.

The other complaint was the ubiquitous *bokshi* bite, a mark on the person's body resembling a black and blue spot, supposedly made by the witch through sucking her victim's blood at night. Dalli Tamang, a 40-year-old carpet worker, complained that the *bokshi's* pulled her hair, bit and shaved one of her eyebrows and a 48-year old Magar tailor said her mother had died prematurely of heart pain due to the *bokshi*.

Despite the prevalence of these kinds of troubles, the majority of patients still expressed uncertainty over their belief concerning the actual cause of their complaints: they were unsure whether their symptoms were in fact due to the witch, or due to any other supernatural agent such as a deity. In Dalli's case, her suffering may have been compounded by the fact that she smoked heavily and had bronchial problems, along with drinking, probably causative of her nightmares. The same respondent, similar to many women interviewed, complained of being "stroked" at night by what she thought was a *khya*, especially since she lived in an old Newar house considered haunted by them. Other spirits were not thought so non-malignant, as reflected by the story told by Sanjana Thapa-Magar, a 41-year old *sahuni*:

> *In Makhwanpur [a province near Kathmandu], I felt the presence of the bhut; it happened twice. One evening, we were visiting our aunt, who was seriously ill. I heard a loud knocking at the door; soon, the whole house was shaking as though there was an earthquake! Auntie died two hours later. Suddenly, two black cats came out from under her bed and ran into the forest, and then we heard someone laughing and weeping—all these events were due to the pisach and masan-bhut who had assumed the form of black cats and took her spirit away.*

The women's experiences with witchcraft were seen to be linked with a predominance of certain symptoms. A condition cited in three cases was thinness, which, given the psychosomatic nature of the complaint, could have pointed to anorexia. This is characterised by chronic weight loss due to the inability to keep food in one's stomach, which, especially in the developed countries, often arises in response to the onset of puberty in girls, though it may be linked with other conversion disorders, too. As one of the cases recorded was coupled with the patient's self-averred 'inability to digest her food' (which she blamed on a *bokshi* or deity), this could be an indication of anorexia.

Another case was coupled with bad health generally, *chopne* and infertility, as the woman, Maya Tamang, a tea shop *sahuni*, was 35 and only had one daughter. She also thought her problem may have been due to witchcraft, her anxiety being strengthened by her husband's threat to take a second wife as they had no son. She blamed her *chopne* and infertility on the time she spent residing in an old Rana palace haunted, she averred, by "the spirits of the women and children who were abducted, raped, killed and buried by the Ranas in the palace compound" and on the witches using the spirits as a disguise or vehicle.

Lakshmi Thapa-Magar, a 35-year old housewife who complained of thinness, had lost two babies in childbirth, which she believes happened due to negligence on the part of the doctor. The healer diagnosed her problem as caused by the *bokshi*, and stating that she is increasingly becoming thinner (which in cases like these, could culminate in death), she evidently feels her fertility has become impaired as a result. The occurrence of unexplained weight loss is often attributed in Nepalese society to the activities of witches and thus the problem is not medically treated. This is because the latter are thought, as one respondent explained, to drain their victim's blood "because if they don't suck blood, they can't survive, as the *bokshi* is possessed by a hungry spirit and she has to feed it" (Lo Thapa-Magar, 40, tea stall *sahuni*).

BAHUNS AND CHETRIS

The majority of *Bahuns* and *Chetris* responding to the questionnaire survey were farmers, some of whom had moved to the urban area in search of work to supplement their incomes. Others worked land in the immediate vicinity and many of these were day labourers. Whether or not a woman must work in the fields is, in Nepalese society, a clear measure of her status and all household tasks, no matter how strenuous, are considered preferable to work in the field or farm, according to Lynn Bennett (1983,p.23-24). She indicates that *Parvatiyas* are generally more fraught with restrictions and subject to greater inequalities as compared, for example, to

Janajatis and Newars, serving as an index of the greater degree of their overall oppression. Therefore, it is hardly surprising that this category generally presented the most grievous symptoms of all female respondents, with the largest number of *chopne* cases, many of which were coupled with other problems like hysteria, madness (denoting lack of control over one's behaviour and manifesting symptoms like uncontrolled weeping, laughing without reason, talking to oneself, etc.), intense anger and aggression. Several of the more critical patients admitted to dabbling in witchcraft themselves, mostly out of a self-professed desire to ward off the evil influences said to be causing their complaints. These were often the people complaining the most of poverty, one stating: "Although we are high caste, we are very poor, so we suffer most" (Kanchi Khatry, 40, farmer. Amongst many of those who had suffered bouts of *chopne*, this could be linked to conversion disorders, as the case of one *Bahun* girl, Bina Paudel, 16 and unmarried, reflects:

> *My elder brother's wife is a bokshi and she encouraged me to learn this art, too, although I resisted it at first. When I was asleep, she came and licked my feet and head, reciting a mantra which she blew into my ear. After that, I was in a trance (chopne) as she had put a spell on me. In the process of learning bokshi vidya (witchcraft), she would demand guru dakshina (donation given from disciple to teacher) from me, but I did not agree to that. Then she got very angry and only taught me half, threatening she would make me mad for my whole life. What can I do, I have no knowledge or tantra-mantra to defeat her with!*

It is commonly believed that witchcraft which is only half learned automatically leads to madness. It is possible that in this instance, the fear of an unsuitable or early marriage (still quite common amongst *Parvatiyas)*, at least exacerbated her symptoms, as a mad girl can not normally be married off so quickly.

Another victim of a possible conversion disorder was a recently married *Chetri* farmer of 18, Lakshmi K.C., who said

she had suffered from *chopne* and *bokshi* bites every night for the past six months, but could not be cured. It is perhaps significant that she claimed to have been attacked by a spirit (*bhut*) in the form of a "big man bathing at the public tap", probably naked, who shrank and disappeared in front of her eyes. When she reached home, she suffered from heart pain and fainted. This may, in the view of modern psychology, be evocative of a latent fear of sexuality, as according to Bennett, especially high caste women in Nepal are supposed to repress their sexual urges (1983,p.125-126). Two more *chopne* patients were in their early twenties (farmers and workers), one of whom, a *Bahun* girl, Sarodha Baniya, 23, who became a widow at only 19, was consequently blamed for her husband's death and accused of witchcraft. She had developed *chopne* for a full year directly following her wedding, probably due to the anxiety provoked by her young marriage at the age of only 14—although the healer had said it was due to the *bokshi*. As she indicates that she is now working as both farmer and factory worker, this shows that her expulsion from her in-law's house with her son (she mainly lives at her *maiti*) resulted in financial hardship, no doubt serving to exacerbate her present symptoms of anxiety and body ache.

My survey found that it was quite often women between the ages of 35 to 44 who were prone to developing *chopne*, and in the case of *Bahuns* in particular, all of them were farmers. One critical *chopne* patient, Kumari Subedi, 40, complained of poverty indicating she had only a small piece of land and a few cows to live on. The fact that she listed an entire host of spirits she believes in indicates that she may be practising tantra herself, and her periodic *chopne* symptoms are coupled with heat in her stomach, body- and earache and mental unbalance. Although she received electric shock treatment at the mental hospital which required five years of recovery, it still, she avers, did not solve her problem of *chopne*.

Amongst *Chetris*, the *chopne* age range extended from 18 to 58, with most instances occurring around middle age (40 to 50), indicating a strong possibility of conversion disorder due to menopause. In this group there were several self-professed

healers (*dhaminis*) exhibiting severe symptoms of *chopne*, coupled with anger and mental unbalance. Amongst those suffering from witch-caused *chopne* and madness, the *bokshi* was said to have been a relative (sister-in-law or mother-in-law), or a neighbour who had befriended the respondent with disastrous consequences. For example, Seti Khatry, 50, who, according to informants could be practising tantra herself, related the following experience:

> *My suggestion is not to befriend the bokshi, but to respect Ishwar (God). My own problem [mental unbalance, chopne, intense anger, suicidal and homicidal feelings, uncontrollable weeping] is due to my husband's younger brother's wife. She is a bokshi: she has no son and is poorer than me, so she is jealous of me, as I have a son and a daughter. Every night in my dreams, she threatens that she will eat me, but I am not frightened of her because I can also defeat her, as I have the tantra-mantra of the devta: I learned it from the dhami to defeat the bokshi.*

In the most unusual of these instances, offering a rare insight into the workings of witchcraft initiation, Chandra Kumari Rokha, 58, claims she first encountered the witch when she was 28 and has consequently suffered from mental unbalance ever since:

> *The first time I met the bokshi she requested to sleep next to me and then she crossed her hands over me three times, licked my feet and whispered a mantra into my ear. After having taught me only half (of witchcraft) she demanded that I sacrifice my first son or my husband as guru dakshina. When I rejected that proposal she sought revenge and consequently, I became slightly mad. Later, my husband threatened to kill her if she did not help me to recover my mental balance. She promised to do so and brought me to a lonely place where she instead, tried to initiate me further. My husband was ready to kill her then, but she again relented and I recovered for ten years. Later, when she got friendly with me once again and offered to check my scalp for lice, she whispered the*

same mantra into my ear. As a result, my chopne and mental imbalance recurred. Then, we decided to hire a healer to kill her and she either died from that or she died from some other cause. Still, I have not been able to recover as I learned only half the bokshi vidya.

It is difficult to judge the extent to which such accounts may be a product of mental delusion emanating from the patient's overall weak (and psychotic) condition. Still, it is remarkable for its candidness, especially considering the fact that to accuse someone wrongly of witchcraft, let alone murder them for that, is a crime punishable by imprisonment. However, it must be noted that for a healer to undertake the murder is easier, as he (or she) can always claim that her death resulted from a 'tantric battle' between the two, healer and witch, and not from a deliberate act of murder. In addition, it must be noted that the alleged *bokshi* had, after all, also demanded that her disciple kill either her son or her husband to enable her to teach her witchcraft fully. Therefore, the scene had already been set for her own death to have been demanded by the injured party (i.e., the unwilling disciple and her husband). The other possibility is that the disciple was in fact, not as unwilling, especially initially, as she alleges, particularly since the Nepalese are normally fully cognisant of the presence of witches and of their 'devious ways'.

The possibility that not all people harbour an exclusively negative viewpoint about witches was demonstrated by the *Chetri* farmer Sabitri K.C., 69, who advocates compassion towards both spirits and witches. Her uncle, who is a *dhami*, had pointed out that the offerings she had sighted were an attempt by spirits to propitiate humans who had caused the latter's children to fall ill. It is interesting that the offering (*patlo*) in question contained materials normally offered by witches to their patron, the reverse of the attractive items usually given as offerings to deities like flowers, incense, water, etc. In this case, the offering consisted of maize husk, saw dust, a black bird's head and pieces of metal which Sabitri had spit on, instead of respected, due to its disgusting nature. The same respondent, although she had been victimised by witches herself, still advocates compassion towards them, as she indicates

they are also God's creation serving a useful purpose by, for example, keeping the population under control.

Overall, there were several instances of incomplete training in witchcraft causing mental unbalance (*bohula*) and *chopne*. Mira Basnet, 39, complained that neither medical treatment nor healing had helped her, as her mother-in-law was the *bokshi* attempting to force her to learn witchcraft. There was overall less uncertainty in regard to pinpointing witchcraft as the cause of most afflictions, which may have been linked to the greater frequency with which witches amongst these patients were either relatives or friends, and hence well known to them.

Amongst *Bahuns*, the majority had experienced spirits, though mostly of a non-malignant nature. All *Chetris* had experienced spirits, mostly without negative repercussions. In some cases, the spirits were believed to have been sent by the witch to attack their victim and thus served as the latter's vehicle. Hari Devi Khadga, 51, a carpet worker, indicated that her present *chopne* and mental imbalance, allegedly due to the *bokshi*, began with an attack by a spirit:

> *In the beginning, when I was ill, it was due to the bhut: it happened in eastern Nepal, at night. I went to the river bank and met a dreadful-looking man, then I got sick. This happened 15 or 20 years ago, but I still have not fully recovered.*

It is interesting that in most instances of women's sighting of spirits they are alone and it occurs at night or very early in the morning when it is still dark. Especially when the results are malignant as in this case, there is a possibility of rape or sexual abuse having occurred which the victim suppressed the memory of, instead believing her fear to have been due to a spirit. Known as psychological displacement, although generally not acknowledged in Nepalese society, it occurs when the reality is too horrible for the victims to face. Thus they 'displace' it with one more acceptable for their conscious minds, helping to save their face in society, too. In another instance of this nature, Bishnu Maya Puri, 46, claimed the *bokshi* had sent her vehicle, the *pisach*, into her house which

cried like her deceased son, causing all four sons who were subsequently born, to die in childbirth as well. As she related that only when the *dhami* expelled the spirit, could she manage to save her one daughter, this may have served as a way of excusing the nearly unpardonable 'crime' in Nepalese society, of giving birth to sons who subsequently die. There is also a possibility in this case that she has become slightly mentally unbalanced as a result of the unusually high incidence of child mortality she experienced having necessitated the 'displacement' of the truth of her predicament.

In regard to a factor referred to earlier, that of stress due to upward mobility and modernisation, there was a case involving a *Bahun* woman, Ambika Devi Pande, 46, who identified herself as a 'service holder', although she is also a housewife. In response to the question 'who suffers more?', she replied:

> *I believe that especially we middle class people in Kathmandu suffer as it is difficult to maintain our status in the present time. My son is an engineer and my husband had a good job, we have a car and a motorcycle, but we still have to spend more than many others do to maintain our standard and can hardly manage it. We need as many resources as the high class, but we do not have them. As a result, the middle class is fast disappearing in Kathmandu, either joining the lower class, with only a few going into the high class.*

As a tangible sign of the stress caused by this situation the respondent experienced psychosomatic symptoms of skin rash and pimples, which she (in consonance with the healer) attributed to the *Nag Devta* and a planetary predisposition (*dosa*) to encountering difficulties at that period of her life.

In terms of alleged witches' "aggressive strategies" to obtain justice in the face of what appeared as a singularly callous attitude on the part of her male patrilineal relatives, I encountered two instances of this kind amongst *Bahuns*. One was that of a widowed sister and the other, a widowed cousin, both of whom had evidently been rendered destitute by their

plights, whose only recourse, therefore, was to witchcraft. Tiga Ram Paudel, 35, had refused his widowed sister's request for financial support, and as a result, he believed she had cursed his shop, his profits having declined from Rs.400 per day to only Rs.50. He indicated that the healer had said that his body ache may have been the *bokshi's* work, too, as he had experienced no relief from medical treatment. A widow's cousin, Krishna Raj Silwal, 30, an M.A. student of political science and a job holder, also suffered from a physical symptom, stomach ache, which could have been due to the *bokshi*. He recounted how his widowed cousin had likewise requested help and become angry as she was said by the respondent to have been quite poor. Supposedly, according to the healer, she had cast a spell on his family's buffalo by transforming herself into a calf through her tantra-mantra in order to suck its milk, thereby depriving both its legitimate calves and the family of their share of milk.

What is significant about both cases is the smug self-righteousness displayed through the accounts delivered by the young men, neither of whom betrayed the slightest hint of remorse or sympathy for the plight of their female widowed relatives. Notably, no case of this kind could be observed amongst any of the other ethnic or caste groups. This may be an indication of the *Bahun*'s proverbial stinginess, even when it comes to dealings with their own relatives, as overriding any sense of humanitarianism or compassion. Naturally, cultural attitudes are on their side stipulating a widow's 'inauspiciousness', especially as she is often considered to be somehow responsible for her husband's death. Hence she is regarded the architect of her own fate not to be pitied at any cost, but rather, suspected of witchcraft, especially when something is seen to go wrong by her relatives, who should ideally be supportive of her.

HIGH CASTE NEWARS: SHRESTHA *ET AL*

The majority of respondents in this group were Shresthas, who are normally Hindus, with only very few who were high caste Buddhist Newars. Many anthropologists have noted the comparatively stronger position of Newar women, especially

as compared to their *Parvatiya* counterparts. However, it would appear that micro-level studies focusing on the actual role of women have not, in the case of Newars, been as extensively conducted as those about *Parvatiyas*. Even in terms of the latter, it is only Bennett's pioneering study which focused exclusively on women.

Discussions which I conducted with some of the foreign "Newar experts", most notably Gerard Toffin, revealed that it is difficult to generalise about Newars as a whole since they are not a homogeneous group, but rather composed of various sub-groups who must be considered on their own terms. The largest disparity in this respect would appear to exist between the farming (*Jyapu*) and lower caste communities on the one hand, and the higher caste groups on the other. High caste Newar women (both Hindu and Buddhist) in particular, appear to be gravitating increasingly towards the kind of Hindu norms governing the lives of female *Parvatiyas*.

What is perhaps most immediately striking about the category of high caste female Newars (henceforth referred to as Shrestha, the most numerous caste group sub-divided between high class, *Chathari*, and lower class, *Panchthari*) is the respondents' higher level of income and education. This is reflected in the greater number of housewives within this caste who do not work outside the home, as compared to any other group which could be observed at the healers' practices. In this group, there were far less cases of poverty-induced mental illness and the related symptoms of *chopne*, disassociation syndrome, etc. By the same token, there were more instances of failed (healing) diagnosis uncovered by the respondents, along with frequent displays of scepticism towards tantric healing.

Certain characteristic factors were related to ethnic peculiarities. For one, more women referred to the possession of others, rather than to their own possession by the *bokshi*, for reasons indicated in the above, and due to the Newar's comparative reluctance to speak openly about supernatural occurrences. For another, there were more instances of experiences with the supernatural emanating from the Newar lower pan-

theon of spirits and deities. This was manifested most concretely through the high number of patients who had experienced the *khya*, especially the "pressing *khya*." This syndrome was almost exclusively restricted to lower middle class Newar housewives, involving a feeling of suffocation, immobility and a sensation of the spirit's closeness (and even instances of its "stroking") while the victim is asleep or in a half-sleep. When the psychiatrist Dr. D.M. Shrestha was questioned about this syndrome, he replied that it was simply what in medical terminology is known as 'sleep paralysis', when one's tongue falls back and one feels numb. However, this does little to explain its greater frequency amongst one defined social category over others.

In my opinion, its greater occurrence within this group which is normally confined to the house, could be related to the peculiarity of Newar living conditions. The old-fashioned Newar houses made of wood and clay, often located in dark, narrow lanes, are noted for their tiny rooms with low ceilings and only small windows, making for poor ventilation, the lack of sufficient sunlight causing a feeling of claustrophobia. Bad smells—due to primitive toilet facilities and from the inner courtyards occasionally serving as rubbish dumps—are trapped in the houses which retain damp and cold in the winter season. This is in addition to the vermin which tends to infest these houses. Therefore it is small wonder that many people were wont to complain about their housing conditions, although without recourse to changing them, mainly due to financial limitations. It is unfortunately far more expensive to renovate a Newar house, than it is to tear it down completely and build a new concrete structure. Hence the reluctance of many people to vacate their ancestral homes.

One wonders to what extent people are aware that certain illnesses like arthritis, rheumatism, limb and joint stiffness, along with colds, bronchial problems, skin rashes and diarrhoea can be linked with these poor housing conditions. In regard to the supernatural sphere, old houses in particular are considered favoured haunts of spirits and ghosts, especially since so many generations resided in them, harbouring their own supernatural afflictions along with the occurrence of

deaths, some of them violent or through suicide. Thus, it is hardly surprising that the house construction itself is designed to thwart supernatural phenomena. For example, the wooden window frames, often having interior grid and lattice work on which deities are sculpted, are specifically designed to discourage witches and spirits from entering the house. The ground floor of these houses, in addition, are designed to serve as a manger for animals since the latter are considered to absorb negative supernatural influences, thereby keeping these from afflicting especially the higher, successively 'purer' floors.

Although sightings of the *bhut* were not as common within this group as they had been within the others, at least two respondents had experienced the spirit of a close relative who had commit suicide in the house—one a father-in-law and the other a grandfather. Their spirits were considered the cause of accidents which happened with mysterious regularity to family members residing under the same roof as the spirits. Both respondents related that as soon as one victim had recovered, another accident would occur. In both instances, the healer prescribed the same remedy, the performance of a special seven-day puja by the priest. It entails the scriptural recitation of the *Garuda Purana* in the home and on the last day, the donation of all equipment and materials like clothing, utensils, bedding, etc., to the priest in the spirit's name. The accidents ceased after that, as the restless spirit was said to have been appeased by the ritual and offerings.

Another notable characteristic of this group (which it has in common with other Newars) is the greater emphasis on a deity's (or, occasionally, a planet's) punishment or displeasure (*dosa*) as the salient explanation for the occurrence of supernaturally caused complaints. This can also be linked with the women's preference for the Ajima (nearly 43%) as the singularly most popular deity worshipped, although a slim majority had, in fact, professed to respect all deities equally (46%). A significant number also indicated the cause of their complaint to have been bio-physical, or questioned its alleged supernatural origin.

One of the most interesting testimonies was made by a housewife, Gian Devi Shrestha, 49, who managed to expose a healer's fake diagnosis. She felt it was being perpetrated for a hefty fee extracted for a puja to thwart the designs of causative agents, which the healer said were envious relatives employing witchcraft with the aim of eventually killing her. Gian Devi had been troubled by the mysterious daily appearance of red spots on her quilt resembling drops of blood, which the healer alleged was a warning to her of her impending death. She discovered just in the nick of time (before paying the fee for the puja) that it was merely rust which dripped from the roof on to her bed. Notably, when questioned as to who suffers more, the same respondent indicated the mentally weak (since they are easier to fool), besides females and the poor.

Sarita Shrestha, 44, was similarly exasperated by various explanations offered by different healers for the same complaint. Her sister had been suffering from a fever of 103 along with semi-paralysis of her legs and hands: "The symptoms were not constant, so we consulted various healers: one said it was due to a devi's *dosa*, another diagnosed the *bokshi's bigar* (a witches' curse) and the doctor said it was a cardiac problem. All seemed confused as to the real cause and she did not, as a result, recover completely." Still another housewife, Sama Maya Shrestha, 65, consults both tantric healers and medical doctors for her nearly chronic stomach ache, the latter having diagnosed gastric problems and the healer, witchcraft. A retired farmer, Asta Maya, 76, initially had treatment done by a healer for her cataract, but when that failed, went to the eye hospital and recovered. This represents a departure from a frequently noted pattern established in the case of the majority of patients, who had resorted to the healer and were usually satisfied with the result only when the doctor's treatment and diagnosis were seen to have failed.

The ambivalence in this group when it came to an exclusive reliance upon healers can best be shown through the example of Nani Shova Vajracharya. A housewife of 45 years of age, she had been suffering from possession by the *bokshi* on and off for the past 20 years, suspected to be a neighbour with whom the family had strained relations. The significant aspect

of this case is that her family members, who are educated and upwardly mobile, insist she consult a psychiatrist who administers anti-depressants to her, instead of a healer—despite the fact that the latter had been able to relieve her symptoms for a number of years. As a result, the woman seemed quite confused and did not know which method of treatment, healing or psychiatric, was best. Despite this example, it must be noted that there was still a considerable number of mostly younger women within this group who believed unequivocally in healing as opposed to modern medicine. A number of them stated they always consult a healer first and only see a doctor if the healer suggests it.

The psychiatrist consulted about Nani Shova's case said the anti-depressant he administers to cases such as hers' merely serves as a placebo since the majority of patients expect some form of medication, even for a psychological complaint. The actual treatment administered consists in psychotherapy, entailing a long-term commitment on the patient's part. He added that in many cases healers, in fact, exhibit higher success rates through their traditional methods of treatment than he does—an illuminating admission on the part of an experienced and reputed practitioner.

JYAPUS, MIDDLE AND LOW CASTE NEWARS

Jyapus, the Newar farming community, are being discussed together with the other middle and low caste Newars, as they all enjoy a similar rank in the Newar caste hierarchy. The majority of the non-*Jyapus* interviewed were Manandhars, or Syamis a caste of oil pressers, who are now an upwardly-mobile lower-middle Buddhist Newar caste. There were, in addition, a couple of low caste butcher (*Nai or Khadgi*) respondents generally likewise Buddhists. Although data about Newar women is, as indicated, rather scarce, yet when it comes to *Jyapunis*, a study done by Bina Pradhan, as indicated, is notable for the researcher's assertion of the comparative freedom enjoyed by these peasant women.

Bulu women, the object of her study, are said to be independent, outspoken and exert a great influence in the kinship system. Bina noted that as Bulu has a self-sufficient subsistence economy towards which women contribute a large and crucial part, this stands as a significant indicator of the *Jyapuni's* higher status. The researcher also points out the comparative lack of importance attached to ritual factors such as ascription of pollution during menstruation and the comparative absence of stigma in case a woman decides to leave her husband and elope with another man—an occurrence which higher caste Newars contended rarely happens in their own community (comp.1981). An exception was posed by one of the ex-Kumaris, a Shakya (high caste Buddhist) woman of reputedly breathtaking beauty, who, according to an informant, left her first husband in order to elope with a *Jyapu* physician. Once the latter had taken her to the West, she proceeded to divorce him and remarry a Canadian doctor. In Nepal, in stark contrast, female infidelity can lead to the woman's imprisonment, whereas the male adulterer generally goes scot-free.

Jyapus, similarly to the higher caste Newar respondents, witnessed a comparative lack of victims of *chopne*. Only two instances could be observed as having occurred amongst farmers and one amongst a Manandhar housewife, although there were many complaints of stress and conversion-syndrome related symptoms. Hassina Maharjan, a housewife of 27, indicated she was being plagued by *bokshi* bites and aggressive feelings causing her to quarrel frequently with people she dislikes. The bites began occurring at the age of 20, just before her marriage. Whenever a *Damai* ('untouchable' tailor caste) neighbour had eye contact with her and her mother, bite marks would appear on their faces, around their lips and on their necks, symptoms which only abated upon the suspected *bokshi's* demise. This account corroborates a widespread theory that witches are often recruited amongst untouchable and low castes.

Mangala Devi, 43, who said she thought disease was mainly due to excessive anxiety, and "we farmers suffer more because we are illiterate and poor, without technical know-how", said she suffered from *chopne*, fever, headache, anxiety,

confusion and bad eyesight. Another *chopne* victim was Kanchi Maharjan, 33, a housewife and farmer, who gave the following account of her symptoms:

> *I felt very weak for nearly three months and consulted the doctor, but it was not helpful. Then I went to the healer, a deo-ma, who said it was due to the bokshi's bigar. The healer beat me first to elicit a reply from the witch as to why she was troubling me, then when that did not work, she asked my husband to do so and he beat me very badly, threatening to break my bones. I was so weak after that, I could not even stand up. But while it was going on I felt no pain since it was the bokshi and not me, who was really being beaten. Finally, the healer made that witch speak through me and she promised to leave me alone after that. I vomited when I got back home and maybe the bigar came out that time. We think the bokshi is from my husband's side of the family since we live in my mother's house. She only had three daughters and no sons and my husband is one of three sons, so I am taking care of my mother's property with him. It could be a case of jealousy as his brothers did not inherit much and we are better off than they.*

This account is interesting from several angles. One relates to the fact that the patient avers that she did not actually feel the beating administered to her, echoing a commonly held assumption that the victims do not, in fact, feel the pain inflicted on the witch through their victim. Another refers to the fact that, according to the internally egalitarian nature of *Jyapu* society, it is not considered legitimate for there to be vast differences in wealth between members of a patrilineage and thus, the social mechanism of *bokshi lagyo* acts to rectify or at least to protest against such disparities.

A few respondents from this group professed scepticism about healers, like the housewife Nani Maiju, 35, who stated: "Generally, I don't like visiting healers since they always find a supernatural cause for our problems and say we should do puja and other rituals, even when it is not really necessary." Another housewife, Kamala Manandhar, 40, had developed

knee joint pain and consulted a doctor initially. When there was still no improvement, she went to a *deo-ma* who performed *jhar-phuk*, administered *jal* (sanctified water) and *karani* (holy ash), and suggested worshipping the *matrikas* (mother goddesses) Bijeshwori and Dum Barahi. In addition, just to make doubly sure, she said the respondent should give a cotton string (Newari: *pui*) as an offering in the sewer in case the *Nag Devta* needed to be propitiated as well. Since there was still no improvement after all these measures had been adopted, the patient consulted yet another doctor who gave her the proper treatment and she recovered fully.

This case is significant for the fact that while it is in accordance with the usual pattern of consulting a healer once medical help failed, in this instance, even the healer's help was unsatisfactory, and so the patient reverted to modern medicine when the latter's methods were proven inappropriate to her complaints. This could also demonstrate an instance of throwing out the baby with the bath water: due to the continued prevalence of healers, people in the present social context could be encouraged to jump to conclusions more rapidly about the alleged inadequacy of medical treatment in case it fails once, instead of regarding it as an indication that a particular doctor or medicine was inadequate.

Similarly to the trend amongst high caste Newar women, there is also in this group a strong belief in the deity (termed the Ajima's *dosa*) having been displeased or slighted by the respondent, as a major causal or predisposing factor for supernaturally caused symptoms. One woman, Nita Thandukar, still a *sahuni* at the age of 65, who indicated she suffered from body ache due to the *bokshi* and bronchial problems because of her heavy smoking, recounted the following incidents expressive of the strength of her faith in the Ajima:

> *Many years ago, we saw a black dog in the distance and were afraid that it would bite us, but it changed into a pig, so we guessed it was a bhoot. I called the Ajima for help and we changed our route to return home. In a dream, the bhoot admitted it had wished to attack us, but was prevented from doing so*

by the Ajima...When I was a young woman, I dreamt of Ajima and she told me that after a few days, an old woman would try to teach me the bokshi vidya (witchcraft): she would threaten me that if I refused, she would cause me to become insane. Ajima demanded respect and worship to save me from that bokshi's attack. I woke up and promised I would do so, begging Ajima to save me. It happened just as Ajima had predicted: I got possessed by Ajima-Mata and she cursed that bokshi (through me), threatening her that if she tried to harass me, she would expel her from society. Soon that old woman apologised for her bad actions and that is why I have a firm belief in the Ajima's powers.

MALES

In regard to male sufferers, according to Shrestha and Pach's findings, the highest frequency of mental disorders occurs amongst males in their early twenties and relates more often than not to alcoholism and drug abuse (1983,p.3,39). According to the present findings, the role played by overindulgence in these substances does not appear as great as in Shrestha's survey and encompassed other age groups, too. Although some respondents may have kept silent about their overindulgences, there also seemed to have been an increasing use of barbiturates, especially in the urban sphere where they are more readily available (in place of, or in addition to, the cannabis cited in Shrestha and Pach's survey) in the form of tranquillisers and anti-depressants.

In regard to conversion disorders, although these appear less relevant for males than for females, they are nevertheless still operative. For example, Bennett cites the case of a recently-married young man's severe depression caused by the pressure exerted on him by his wife to separate from the family. It is said that as a result, he stopped studying to complete his B.A., became agitated and listless (1983,p.182). Nowadays, there is also increased pressure towards achievement in school and examinations, which even begins in kindergarten

in Nepal, where toddlers are being ranked by their teachers according to their "achievement." The situation appears nearly as grievous as that in Japan where children are known to commit suicide over low exam results and bullying by other children in school, due to the pressure to succeed. Furthermore, especially in the urban sphere, as more young men are shouldering the responsibility for raising a family themselves on the basis of their own earnings, they are being subjected to greater stress. The prevalence of migration from rural areas to the city is a further source of disruption entailing in some instances, the loss of parental care in childhood (due to the migration of one or both parents, leaving the children with relatives), and the frequent shifting of residence leading to increased insecurity.

According to a theory put forward by Dr. Chris Wright, a psychiatrist who had been working for a charitable organisation in Nepal, there is also a possibility of sexual abuse and homosexual activity (some of it involuntary) in the all-male hostels, leading to psychotic symptoms. Dr. Wright referred to problems regarding the influx of modernisation and westernisation entailing a rapid change in lifestyle, due to the pressures of "keeping up with the Joneses'", and fewer possibilities for recreation in Nepal as being responsible for the increased reliance upon drink and drugs.

Another point raised by both psychiatrists, Dr. Wright and Dr. Shrestha, was that, in case of psychotic behaviour, a woman will invariably be stigmatised as the attribution will be to her "inherent weakness" and alleged propensity for jealousy or witchcraft. The same symptoms in men, on the other hand, are often thought of in positive terms, as being linked with his family responsibilities. His alcoholism, by the same token, may be viewed as having been due to a curse put on him to imbibe by a devious bar maid. In this way, the man is, very often, put into the role of victim and pitied, whereas the woman is more often than not viewed as causative of her own psychotic symptoms. There are instances of the woman becoming the focus of the curse directed against her husband by his own relatives due to their jealousy of his greater economic success, causing her to bear the suffering and not him—as was

shown in the case of the *Jyapuni* who was being possessed by the witch, allegedly perpetrated by her husband's jealous family members.

JANAJATI

Within this group, there was considerable occupational diversity including drivers, farmers who were also healers, workers, policemen, teachers and a former soldier. The most severely afflicted men were the drivers, which may be linked with the often extremely strenuous and stressful nature of their work, especially in the case of long distance bus and truck drivers. Furthermore, Nepal's roads are, overall, in an abysmal condition, plied by drivers who may be tipsy or inexperienced, or simply indifferent to the dangers involved in speeding. Accordingly, the youngest driver, B.B. Magar, 24, suffered from *chopne* and harassment by the *bokshi* who would not only administer regular bites, but even allegedly shaved half his hair, beard and moustache at night—believed to be a warning that they will intensify their harassment if not appeased in some way.

Another driver, P.M.Yonzen, 30, similarly suffered from mental problems, but in his case, linked with the fact that he was a heavy drinker and hashish smoker. Typically, the cause for this was diverted by the healer from his own bad habits - freely acknowledged by the respondent as chiefly responsible for his symptoms, for which reason he had even admitted himself to a mental hospital - on to a planetary weakness having predisposed him towards suffering from these kinds of problems. This would appear to render the healer's job easier as in this case, the latter only has to appease the planets rather than undertake the arduous task of helping the patient combat his addictions.

The driver, S.K.Rai, 50, indulged so much in drinking and smoking that he developed heart pain which was not successfully treated in hospital. The healer had made his own bad habits only partially responsible, which were then coupled with a supernatural explanation - the deity's displeasure. T.R. Budha, 59, an ex-army man, suffered from chest and heart

pain as he was a heavy smoker, but the healer again made the deity chiefly responsible for his symptoms. Alternatively, the outside agent could have simply predisposed him to having these 'bad habits', planetary weakness or *graha dosa* being a common explanation given by healers in these cases.

All respondents said they had had experiences with witchcraft, some with very grievous results. A policeman, K.B. Ale Magar, 40, felt the loss of all his seven children who died in childbirth to have been due to witchcraft, especially since the medical treatment which had been sought for his wife, both in Nepal and abroad, had failed. The same respondent indicated he had once been 'caught' by a *pisach* for half an hour, which he finally dispelled through remembering the Devi's name. Despite having secured the goddess' help on this occasion, his experience had still resulted in illness for which he needed to consult a healer.

There was one instance of possible retribution on the part of a suspected witch for injustice, as it seems the victim, Nirmal Gurung, 43, a school teacher, was not repaying her for a loan. He averred that this, coupled with self-professed economic hardship, had caused his suffering:

> *Lower-ranking teachers suffer the most hardship: although I have been teaching for 20 years, I still can not even afford to buy medicine. In consequence, I suffer from mental tension and although I visited many doctors, there is no recovery, as they say they can not detect any (specific) problem. I still feel that I could die any time [since there is no remedy for his chronic suffering].*

Mr. Gurung indicated that the healers he consulted all identified the same woman who was, in their opinion, the *bokshi* causing his problems, the woman whom he owed money. Therefore, there is a strong possibility that he was at least partly responsible for having caused his own suffering.

A Tamang farmer, G.S. Burdha, 47, whose role of *jhankri* made him more vulnerable to retaliatory supernatural attacks, believed the *bokshi* had cast a spell on his food accounting, in

his opinion, for the presence of a snake or frog in his stomach. This refers to a common belief, encountered several times in the course of research, that the witches' *bigar* can cause the growth of insects, reptiles or some other substance like undigested food, hair, cloth, etc., to materialise in one's stomach as a tangible expression of their spell or curse. It was only his sons who had compelled him to seek hospital treatment as they believed his problem to have been due to a gall bladder or kidney stone. Evidently, his sons are, unlike their father, educated, though in this instance, the differing attitudes could also be evocative of a gap between generations. In the course of our discussion, the *jhankri* related this story about the origin of witches:

> *The jhankri was created to counteract the influence of the nine original bokshis. He succeeded in killing eight out of the nine, but the youngest one asked him to spare her life and God also advised him not to kill all bokshis, otherwise the human population would grow too much since no one would die. The original jhankri was Rama Purosan Jhankri and the last bokshi promised she would be ready to accept the jhankri's blood sacrifice as appeasement (to prevent her from attacking him). Although bokshis have more knowledge than jhankris, the 22 vaish vidyas, and the jhankri only has 18, they must still accept the jhankri's supremacy. They promised that in Sat Yug they would accept both the patient's and the jhankri's sacrifice for their propitiation. However, if, at that time, the eight sisters had not been killed then all women would today be bokshis.*

Although not strictly applicable to the present enquiry since it emanates from *jhankri vidya* (Nepalese hill shamanism), yet the story is interesting in terms of the light shed on the relationship between healer and witch (the former having admitted the latter to be a stronger tantric practitioner than himself) and the attitude it betrays towards women's allegedly 'innately evil propensities'. Versions of this tale are told by all kinds of shamans – and even by some healers - throughout

Nepal, some versions of which have been recorded in the present context.

BAHUNS AND *CHETRIS*

Amongst *Parvatiya* males, *Bahun* patients were in a majority over and against the *Chetris*, who formed a small minority amongst those questioned in the survey. There was also a predominance of younger people and a conspicuous absence of elderly, with none over 60. What is immediately striking when comparing male and female responses is the total absence of *chopne* cases amongst the *Parvatiya* males as compared to the high prevalence amongst their female counterparts. This does not necessarily imply a lack of mental tension or unbalance in this category, as several, especially *Bahuns*, complained about related symptoms, some pointing in the direction of conversion disorders: a few of the young men were under strain due to actual or impending responsibilities, one of whom exhibited very acute symptoms. He was S.C. Adhikari, a student of 21, who had lost his father at the age of only nine years, supposedly due to fright sustained from sighting *bhuts*. As a result, he suffered from 'unnecessary anxiety', high blood pressure, fits of anger, pain due to a wound in his chest, and dizziness. As there was no recovery from the doctor, he naturally suspected witchcraft as the cause of his afflictions. Another man suffering from mental unrest was Mahesh Acharya, 55, a Sanskrit lecturer, who cited greed as typical for his caste of *Bahuns*, as a possible source of his problem, coupled with a suspected planetary weakness. However, judging from his age, it could also have been linked with the onset of a 'mid-life crisis', a conversion disorder not commonly acknowledged in Nepalese society.

A striking feature of the accounts given by *Parvatiya* males (and, to a lesser extent, females) is the frequency with which members of these castes said that they employed various tantric techniques in counteracting potential attacks by spirits. Significantly, people said this was not possible in the case of witches and thus, one is left with the impression of people believing themselves to be more at the mercy of

witches than spirits. However, in cases in which spirits are thought to be the witches' vehicles, then it is obvious that witches are also being thwarted by these techniques. What is further notable about these two castes is the greater proportion of professional and well educated people amongst a healers' clientele, including a professor, Sanskrit lecturer and an M.A. student amongst the *Bahuns*, an accountant, banker and a teacher amongst the *Chetris*. However, my own findings corroborate Shrestha's and Pach's when they indicated that their survey found education not to have been a significant factor in the determination of the prevalence of belief in and experiences with the supernatural (comp.1983, p.41).

Amongst male *Bahuns* as compared to the female respondents, there was a much lower number of farmers, several *sahujis* and only few workers and the *Chetri* respondents were all professionals, with the exception of one employee, a restaurant cook. The youngest respondents were also in this group, as one *Bahun* boy was only 11 and a *Chetri*, 14. Both claimed to have been victimised by the witch, whereby the younger of the two, Shiva Hari Pokharel, less grievously, as he simply had refused to eat meat which had been the previous object of *bigar*. The other boy, H.K. Rokha, had very critical symptoms, a bad skin rash and boils all over his body and face. He had not recovered much from hospital treatment, as he believed—according to his mother's and the healer's prompting—that it was caused by the Nag Devta, sent by the *bokshi*. His mother, a suspected *bokshi*, was said to have been practising tantra-mantra, through which she was able to dispel a *bhut* which had followed both of them home. The boy claimed a neighbour came to him every night in his sleep to scratch his neck and suck his blood, although the itching sensation was probably due to his skin rash. The alleged witch threatened to devour him, claiming his mother had devoured *her* son. Evidently there was a quarrel between the two women, although the mother claimed not to be a *bokshi* herself, but only a "supporter of God" who employed her tantra-mantra purely for self-defence.

There were less instances of substance abuse within this category than in that of *Janajatis*, although this may be linked

to the fact that amongst high caste respondents intoxicants are taboo and therefore, they might not wish to disclose their consumption to an outsider. In fact, *Bahuns* in particular are notorious for their drunkenness, especially once they are away from home. One 18-year old *Bahun* farmer, G.B. Dahal, who suffered mental unbalance attributed to the *bokshi*, hinted at this when he indicated that males suffer more as they have more "bad habits" than females, a euphemism generally implying substance abuse. In fact, there were only a few *Bahuns* who actually admitted their problem was at least partially caused by their alcohol and/or tobacco consumption: a *sahuji*, Bimal Acharya, 26, suffering from *bokshi* bites and hair half removed by the alleged *bokshi*, who said that he quarrelled with his wife due to his alcoholism; a farmer, P.P. Adhikari, 51, stating his bronchial problem was due to his heavy smoking, but who was also troubled by bad planets, the *bokshi* and the devi's *dosa*.

The farmer Basudev Phuyal, 45, mentioned "unbalanced habits" as having exacerbated his symptoms of paralysis and pain, which had persisted the last three years with no recovery from medicine. The fact that this patient indicated he was often attacked by witches whom the healer was able to identify precisely giving their names, castes and residences, contradicts the common assumption that healers are generally reluctant to expose the witches' true identities due to legislation protecting them from false accusations and for fear of their retaliation in case of exposure. In fact, there were many instances I encountered of healers who were only too happy to expose an alleged witch and fight with her on behalf of their clients, although it does not appear that punishing them, occasionally resulting in the witches' deaths or maiming, really acts as a deterrent to witchcraft per se.

Another victim of "bad habits" was a *Bahun*, Tanka Banjal, a 34-year old forestry official. The healer had said that his lineage deity became angry when he consumed food forbidden for *Parvatiyas* (in this case, buffalo meat momos, a local delicacy), thus causing him heart pain. As he could not get relief from the government hospital in Kathmandu, he felt he had to resort to the rather extreme (and expensive) method of sacri-

ficing a goat, a chicken and a pigeon to his angered Kul Devta. The latter is thought to be one of the most demanding of deities whose lack of propitiation almost always results in illness and misfortune. The same respondent, hailing from the remote district of Kalikot, gave a very startling account of his uncle's initiation as a *dhami*, allegedly entailing the 'sacrifice' of two villagers. This gives some credence to the theory that human sacrifice still exists in some remote parts of the country, as it formerly was said to have done in the Valley itself.

Several better situated respondents complained about the pressures of attempting to maintain their living standard in today's Kathmandu. Naresh Thapa, a 60-year old accountant about to retire, found that the middle class suffers more because of their high expenditure coupled with a low income. Similarly, Bishnu Thapa, 25, a teacher, said he felt males were subject to more anxiety than females due to their greater (family) responsibilities. Bishnu's problems also mirror the difficulties faced by the more enlightened people when confronted with the staunch traditionalism of their society. His parents had attempted to coerce him into accepting their interpretation of *mohini* as allegedly having been responsible for his amorous preferences, considered deviant in his society:

> *After marrying only three or four months back, I developed an extreme depression. I had been in love with a girl from an untouchable caste (Kasai, butcher) who was well educated and beautiful. I wanted to marry her, but my family would not agree due to her low caste, and forced me to marry someone of my own caste, even though she is not as beautiful, wealthy or educated as my girlfriend. According to my parents, I had fallen in love with her because of mohini [which had presumably been perpetrated by her against him]: they have forced me to consult the healer to remove the lingering effect of mohini, so I am here only due to their pressure, and not because I believe in it myself.*

HIGH CASTE NEWARS: SHRESTHA *ET AL*

This was the largest group of male respondents, of whom most were Shresthas, with about half their number being comprised of high caste Buddhist Newars. The majority were between the ages of ten to mid-20s and only very few were 50 and over. Besides one ten-year old school student suffering from fever due to the deity's *dosa*, most of the young people were college students of commerce or science, one was a manager, and a few were *sahujis*. The mid-20s to 40 age group was made up of employees, a *sahuji* and an unemployed person, and the 40 to 50 group contained the most diverse occupations including a tailor, an office peon, lower-ranking employees, a carpenter, a farmer and one teacher-cum-healer. The group of senior citizens was comprised of *sahujis*, employees and even a disabled person.

Contrary to Shrestha and Pach's findings, in this category there was a surprisingly low incidence of substance abuse, both in terms of alcohol and of drugs, which may have been linked with the relatively high educational and professional level of the respondents. According to my own observations, many young men are instead either learning foreign languages in their spare time, doing sports or making music. Others are members of youth clubs or religious organisations, engaged in various forms of social service. Still, there may be some hidden abuse of barbiturates, especially tranquillisers amongst housewives and middle-aged men experiencing frustration due to a mid-life crisis, domestic difficulties and economic competition—a relatively new phenomenon in Nepalese society.

It is possible that the high number of younger respondents was linked with the fact that high caste Newars are very upwardly mobile and keen on modernising, especially in regard to educational advancement. Thus, they are faced with a lot of parental and peer group pressure to succeed academically. This may account for the high numbers going to healers, due to stress-related symptoms not amenable to medical treatment. They also visit healers to obtain a prediction of exam results, especially when they are unable to concentrate

sufficiently on their studies. For example, when Gyanu Maya Maharjan, a young female *Jyapu*, failed in her School Leaving Certificate examination the first time and became disheartened, she consulted a *deo-ma* who performed *jhar-phuk* over her books and gave her sanctified incense to burn while studying. The treatment evidently helped her calm her mind and conveyed an impression that she was being protected by the goddess (which the *deo-ma* is generally possessed by), acting to instil the confidence in her necessary to pass the exam the second time.

About half the younger respondents in the high caste male category did not indicate having had any experience of spirits, some of whom even professed disbelief in them. This is not, however, a common trend and may be evocative of over-compensation on the part of a rapidly modernising upper caste and class. Binod Joshi, 21, expressed scepticism about the existence of both spirits and witches, although he still had a residual belief in the supernatural from his childhood when he had suffered from *runce* and was cured by an *aji* (traditional midwife). Others similarly sceptical would not say what had happened to themselves, but only what friends or relatives had experienced. Only half of the younger respondents admitted having had any experience with *bokshis* and the other experiences cited were all indirect in that the respondents had only seen possession cases or *bokshi* bites. A few expressed doubts that the bites were really caused by a witch.

The most frequent brushes with the supernatural were in the form of *runce* or *ari kon* in childhood or even later, with deities. Prakash Amatya, 20, a student of commerce, came down with a high fever in his childhood and since there was no cure after being hospitalised, was thought to have incurred Hariti's displeasure in the form of a *dosa*. As his male kin had suffered from the same symptoms in their childhood and had been cured by ritually promising the deity offerings and worship for a prescribed time period, Prakash was urged to do the same. He contracted a bond of ritual brotherhood with one of Hariti's sons, Dhanabhaju (also considered a deity who can cure children) for 12 years duration to ensure protection from illness.

Three others had similarly incurred a deity's wrath and consequently suffered from blisters and skin ailments thought to stem from the Nag Devta. One young man who had urinated into a manure pit was 'punished' by the presiding deity with blisters all over his body. Another younger respondent who had inadvertently slighted the *Chwasa Deo* and suffered, in consequence, from a stomach ache, was cured by his mother's casting of rice in all directions. Therefore it seems that amongst Newars, it does not always necessitate a healer to cure a patient by atoning for the latter's inadvertent transgression. By the same token, it demonstrates the extent to which tantric healing may be said to permeate Newar society, as it seems that anyone, especially a senior female family member, can perform such minor tantric healing feats.

With only a few exceptions, men in the adult group (25 years and over) are firmly entrenched in their occupations, married and normally their wives are housewives, implying a certain degree of financial security despite the usual complaints of low earnings and rising costs. This perhaps accounts for the almost total absence of *chopne* and other critical mental complaints, although instances of substance abuse are higher than in the last group. With a few exceptions, all had experiences with witchcraft and approximately half had encounters with spirits, many of them with the *khya*. The most bizarre encounter with this spirit happened to Hari Shrestha, a 30-year old office employee:

> *Fifteen years ago, when I was returning home at around midnight, I saw what resembled a new football on the way and thought someone had left it there. Suddenly, it started rolling by itself and reached my feet, then it followed me and I was startled to see many eyes in that ball. I managed to jump over the fence at Tundikhel (a local park) and fell sick for one month after that. According to the healer, it was the bhakungwara (rolling) khya. Since then, I have avoided passing Tundikhel. The family had called in a gubhaju who did jhar-phuk in my home every day for a whole month. The first two weeks I could not*

even move, but I eventually recovered after the completion of his treatment.

Those who suffered mainly from alcoholism included a *sahuji*, Surendra Shrestha, 46, who, since he quarrelled with his family under the influence of alcohol, believed his drinking problem to have been caused by the *bokshi's bigar*, especially since his business had also previously been cursed. The healer, on the contrary, diagnosed the deity's displeasure (*dosa*) as the cause, so the respondent was confused as to the actual reason for his problem and has not recovered much, resorting to the frequent excuse of planetary weakness having predisposed him to his own patent weakness for alcohol.

An even worse case of alcoholism was that of S.K. Shrestha, 35, who also suffers from mental problems manifested in the physical abuse of his wife and irrational behaviour entailing the destruction of objects around the house. Although having been hospitalised in Patan Mental Hospital, he escaped from there and could only be successfully treated by a *gubhaju*. This corroborates Dr. D.M. Shrestha's opinion about the frequently higher success rate of traditional, as opposed to modern psychiatric healers. The healer had advised him strongly to desist from alcohol completely, as his madness only recurred when he drank. Apparently the spiritual and cultural dimension of healing contributed to the patients' having succeeded in curbing his 'bad habits'.

R.B. Shrestha, a 42-year old office peon from the district of Dolakha, described his problem as follows: "Before developing any health problem, I would drink heavily and in a fit of rage, beat my wife. I now suffer from head- and stomach ache, lack of appetite and vomiting. After leaving Dolakha, I stopped worshipping my Kul Devta, so she got angry with me and is troubling me (in this way)." This statement reveals the displacement tactic many people addicted to intoxicants resort to when they wish to put the blame for their own weakness – exacerbated by outward circumstances like poverty - on an alleged external causative agent. His problems were undoubtedly compounded by the strains posed by relocation to Kathmandu where he was alone with only his nuclear family. He

implicitly associated his migration with his lineage deity's displeasure—perhaps, by extension, the patrilineage's disapproval, too—due to his neglecting to worship at her shrine located in his home village. The same patient, in another sign of his severely agitated and anxious mental state, said that the *bokshi* and *bhut-pret* in the form of "dangerous-looking animals and people" attacked him in his sleep and appeared in his dreams. This undoubtedly served to reinforce his belief in the supernatural cause of his affliction which, in fact, appeared to be more intimately related to his poverty and migration having caused his drinking problem in the first place.

The sole instance of *chopne* happened to Mr. Tuladhar, a 50-year old airline office employee, when he was 18. Right after his family relocated to a different neighbourhood and house, he developed symptoms—perhaps due to the anxiety provoked by the change in residence -in the form of possession by a *boksha*. Tuladhar said it was an old *Bhote*, someone belonging to a Tibetan ethnic group, hence from outside the community, whom he had slighted in the past. Several people in the middle-aged group suffered from varying degrees of mental tension, some of them coupled with bronchial complaints due to heavy smoking. Prakashan Shrestha said that he felt his disease was mainly due to bad habits, obviously referring to his heavy smoking, leading to his bronchial problems. Pradip Shrestha, a 45-year old carpenter, likewise complained about his low income and was possibly overindulging in intoxicants. He also stated disease mainly being due to one's own 'bad habits' besides the *bokshi*, and made a veiled reference to the family disharmony these bad habits had caused in his case.

A more unusual victim of depression was a 50-year old private school teacher and self-styled healer. He was suffering as a result of the financial and emotional loss entailed due to the disintegration of his joint family, which his healing activities, he avers, had inadvertently caused. He is of the firm belief that neither spirits nor deities are generally the cause of supernatural symptoms, but only the witch. In his opinion, the causative agent must be personally known to its victim, whose displeasure the latter incurred. For this reason, he him-

self focuses upon the exorcism of the witch in his healing practice. Since he nearly always implicated his female in-laws he has succeeded in alienating his male kin, leading to the split of all five brothers. The legacy was a heavy financial burden due to the subsequent partition of the family property, necessitating the acquisition of more houses and land by the brothers, with the respondent (who remained in his family house) having to compensate them for their financial loss.

The most critical case of mental tension culminating in chronic depression was that of a formerly wealthy farmer, Madan Shrestha, 45, whose property was steadily dwindling due to what he attributed to his relatives' envy. Despite having had two wives he was still issueless and evidently felt his situation would not improve. The first wife had left him and the second became a *deo-ma*, and thereafter probably abstained from sexual contact with her husband, which is what healers of this kind are prone to. He described his dilemma in the following terms:

> *When I was 20, I had a bad stomach ache, and medicine was not effective against it. I went to the baidya and got relief as it was due to bigar caused by my relative's envy. I believe my father's elder brother's wife was a bokshi. My mother died the same way, she also had a bad stomach ache due to bigar. When she died, we were wealthy, but now we are losing our property gradually. One brother died in childbirth, another has been mute from birth and I myself am issueless. Recently, I even had to call a baidya to remove the curse which had been put on my worker's chang* [a sign that the *bigar* is still operative].

In this instance, it can clearly be seen that family feuds can be carried over from one generation to the next, leading to a gradual disintegration of the family and loss of its patrilineal holdings. Although normally a question of male sibling rivalry, the cause for this is often deflected on to females married into the family, allegedly acting to disrupt male patrilineal solidarity by, for instance, wishing to split off into a nuclear household. Hence, the accusation of witchcraft is prefer-

entially directed against them. It then depends upon the will power and cohesiveness which the next generation of male kin possess in combating the residual effects of the conflict begun in previous generations. In this case, unfortunately, Madan Shrestha appeared unable to resolve the conflict stemming from problems between his father's brothers, articulated by his uncle's wife (the suspected witch). He was thus seen to succumb to the enduring effects of witchcraft leading to the eventual demise of the patrilineage, due in Madan's generation to the lack of male successors. Significantly, this respondent indicated his first choice for worship to have been his Kul Devta, signifying his concern for patrilineal solidarity and continuity as articulated through his preferential worship of his Kul Devta.

JYAPU, MIDDLE & LOW CASTE NEWARS

The majority of respondents who were between the ages of 25 and 45 were all *Jyapus*, with a minority between 51 and 80, one of whom, a 60-year old decorator, belonging to the butcher (*Nai*) caste. There were a significant number of farmers in this category although *Jyapus* are not necessarily farmers nowadays nor do they like to employ this title denoting their identity as farmers the youngest of whom was 25 and the oldest 80. The other occupations included students, *sahujis*, office peons, garage mechanics and decorators. Those between 20 and 22 who were of different castes gave similar responses as the young Shresthas had. Many had seen possession by witches, although in this case, they had also seen possession by spirits and deities, besides *bokshi* bites on female relatives, or had suffered from *runce* in childhood.

There appeared to be a wide gap between the under- and over-25s, as the former were mostly students with fairly few symptoms of their own. The middle-range group of 25 to 55, on the other hand, indicated they were suffering greatly from over-work and stress related to financial responsibilities. In fact, several respondents suffered from *chopne* in this group and a few were heavy drinkers and smokers, having bronchial problems and asthma, besides other physical symptoms. The

most critical case was that of a 30-year old farmer, Ram Bhakta Kinju, who felt his bronchial problems coupled with *chopne* may have resulted from the deity's displeasure. He had witnessed his children and animals becoming ill since they had been cursed by a neighbour, a suspected *bokshi*, who had "flattered him to his face, but indulged in back-biting". Kinju had also developed a fever and headache after having sighted a *bhut* in the fields.

A farmer, Hari Nasutu, 45, and Dev Ratna Maharjan, a 33-year-old garage mechanic, both of whom complained of poverty, initially assumed their bronchial problems, stomach- and body aches were due to excessive drinking and smoking. However, when unable to recover from hospital treatment, they suspected a deity's displeasure—either suggested or corroborated by the healer. Dev Ratna had experienced spirits sounding like a dead uncle who had not had proper funeral rituals performed for him and Hari, having encountered a *bhut* with a human body, but an animal face, had to be treated by the *gubhaju* for fever. However, in cases like these it is often difficult to say whether the symptoms really were due to the shock of the sighting, or to the spirit's alleged deliberate harassment of their victim. As it is commonly believed that the mere sighting of a supernatural agent portends some negative repercussions requiring treatment by a healer, it is possible that people may develop 'anticipatory symptoms' as a result.

Amongst the elderly respondents who had suffered from *chopne*, one was a 55-year old *sahuji*, B.K. Suwal, and the other, a 53-year old farmer and *dhami*, B.B. Jangoju. The *sahuji*, who professed an exclusive faith in healing as opposed to modern medicine, suffered from weakness besides *chopne*, which he attributed to the deity's displeasure. It seems he was constantly under some form of supernatural attack, either from the *bokshi* or a spirit and had to endure the *khya's* presence in his house, who was fond of imitating his dead uncle. In one of the few cases of its kind, rather than waiting for the healer to do so, he punished the *bokshi* who attacked him and his family in the form of a cat, by branding the cat's mouth with a hot iron. Later, when he visited the suspected *bokshi*, he found her mouth had also been burnt which he averred

proved her identity as the witch plaguing him. Having reported her to the *dhami*, the latter shot his *Indra bhan* (tantrically empowered arrow) into her face and she died shortly thereafter, thus, as he indicated, relieving him of her torment. The healer, Mr. Jangoju who was his friend, had to seek out other healers from time to time as his own symptoms (stomach ache and *chopne*) were caused by his struggles with witches whom he could not combat alone: "We healers must make an agreement with the *bokshis* so they will not attack us." His tale of the origin of witches differs in significant aspects from that of the Tamang *jhankris'* cited in our previous discussion:

> *In Satya yuga [the mythic Hindu golden age], when Parvati requested Shiva to teach her tantric vidya [knowledge], Shiva answered that women cannot learn it as they can not keep secrets. She encouraged him to teach her anyway, but while he was teaching, she fell asleep and woke up only in time to hear the black tantra. This is how the bokshi originated, due to Parvati's mistake, signifying that women can only learn the black tantra and men the white. If Parvati had learned the white tantra instead of only the black, then women would not be witches today.*

This story is significant for the fact that it serves as a justification for the stereotyping of women as witches, whereas in fact, *bokshas*, male witches, wizards, sorcerers, etc., are also considered to exist in Nepalese society. However, due to the stigmatisation of only women as witches, it appears that their male counterparts can act with greater impunity than the females. People are evidently less prone to suspecting males of practising black tantra, culturally stereotyped as belonging to the purview of females. It is perhaps for this reason that, when women do heal, their powers are often likened to that of witches and they are often suspected of dabbling in witchcraft on the side. In any event, there is no denying the misogynist bias manifested in these tales about the origin of witches and healers, undoubtedly serving to act, in the present social context, as a means of socially controlling women and ensuring the continuity of patriarchal norms.

What is perhaps most significant about the category of lower-ranking Newars is the prevalence of the belief in the deity's displeasure as the main cause of supernatural affliction, over and against witchcraft which a considerably lower number had indicated to be the main cause. This represents the highest percentage within any group believing in the greater salience of the deity's punishment for not having been worshipped properly or at all, as the main cause of supernatural illness or misfortune. This accords with my findings that just over half of the *Jyapus* had opted for Ajima as their preferred object of worship (and only 40% chose Shiva), whereas an equal number of middle and low caste Newars chose Ajima and Shiva. The statement by a 60-year old *Khadgi* (butcher) reveals the punishment which it is thought the goddess can mete out if displeased:

> *I had a severe back ache and the gubhaju said it was due to the Ajima's displeasure and that, to appease her, I must avoid taking sagun [a traditional Newari ritual food]. I did not heed his advice and as a result, the pain became unbearable. After I returned to him for further treatment I then decided to follow his advice. Now I only suffer from back pain when it is cold.*

Another respondent, Ravi Man Manandhar, a 21-year old student, was similarly impressed by the power of the goddess when he witnessed an extraordinary scene of a woman possessed by several deities at the Konkeshwori shrine on the river bank during a puja dedicated to this Ajima.

> *In the evening, the hostess' sister suddenly got up from her seat and went into the temple. There is a small platform in front of Konkeswori's statue covered by copper or bronze which she sat on and asked for another portion of the bhoj (Newari feast) as an offering—despite the fact that this woman had just eaten. She said she was being possessed by Jilan Bhaju [one of Hariti's sons also thought to perform healing] at the time, although the gubhaju presiding as priest said she was also possessed by Hariti. She continued to demand an offering saying Konkeshwori*

was her sister, complaining of the lack of sufficient offerings since Hariti's children [numbering 500 in total] also had to be fed. The organiser of the feast refused, saying there was not enough food left over for deities. In a gesture of conciliation, the gubhaju lit some incense, placed it near her nose and apologised to the goddess Hariti for the oversight. That calmed her down and released her from the trance.

Amongst these respondents there was a relatively high incidence of the malignant effect produced by the encounter with spirits (and even one possession by a spirit), a large number of which had negative repercussions. Some were very critical, as for example, the sighting of a *bhut* which had been followed by a neighbour's death, with several resulting in the respondents' illnesses. Another recounted that after he was followed by a black *khya* when returning home from a puja at two am, his father expired, having shown no sign of illness, the same morning. S.K. Maharjan, a 42-year-old farmer, was threatened, according to the healer's interpretation, by the *lakhe's* children, an unusual case since it is generally thought that encounters with the *lakhe* are becoming increasingly rare:

When I was returning from my daughter's house near the new bus park at 11 p.m., at the crossing of the Ring Road, three or four children approached me, saying they would devour me, happily. Terrified, I fled back to my daughter's house and only went home the next day. Then I made a spirit offering (bow), of raw buffalo meat, lungs, intestines and paddy husk, placed them into and around a clay pot and left it at the cross-roads where I had sighted the lakhe's children.

On the basis of the data presented here it is possible to conclude that amongst those questioned about their experiences with the supernatural, a majority said they had experiences with witchcraft, whereas a somewhat lower number said they had had direct experiences with spirits. This was corroborated by the number of respondent who thought illness or misfortune were due to witchcraft, whereby only half of those questioned considered their symptoms were caused by an an-

gry deity or a weak planet. Spirits were considered causative in a considerably lower number of cases.

Despite their ethnic and caste differences, the respondents' experiences with the supernatural did not vary much and were, in fact, fairly stereotypical and uniform. Interestingly enough, certain spirits which the Nepalese allege are no longer being sighted, especially not in urban areas, are still, according to the present findings, encountered. The *kichkinni*, for example, still occasionally pesters unsuspecting, mostly male victims, several of whom were rumoured to have fallen ill or even died as a result (according to news reports).

The greatest divergence caste-wise was in the area of witchcraft in that the phenomenon of possession or trance (*chopne*) was noted to be more frequent amongst chiefly female *Parvatiyas*, than within any other group. To a certain extent, Newars reflected certain ethnic characteristics not shared to the same degree by other groups, particularly in regard to the greater prevalence of experiences with deities, the Ajima being considered more causative of certain problems than other agents. There were also some spirits (and spirit-deities like that of the manure pit and the *Chwasa-Deo*) emanating from the Newar lower pantheon, hardly or not mentioned at all by non-Newar respondents. It is only the *khya*, which, although considered by many people to be a typical Newar spirit, was nevertheless experienced by non-Newars, especially when residing in old Newar houses.

In regard to the significance of status, it appears that both the upper caste *Parvatiyas* and Newars feel they are more empowered than others either to ward off spirit attacks or to appease a deity. This was done in most of the cases mentioned by respondents, either by recitation of the deity's mantra or simply by remembering her name. There were also some instances of the employment of tantric actions such as tossing rice in all directions. The very low or untouchable castes are, though, also deemed empowered to neutralise evil forces: especially the *Pode* amongst Newars have a reputation for expertise in employing black tantra, by virtue of which they are

thought by some people to be more empowered (than upper castes) to counter the tantra employed by supernatural forces.

What was conspicuous by its near absence was the phenomenon of possession by a spirit or deity, as most cases cited in the survey were considered possessed by witches (although spirits, often thought of as the witches' vehicles, would pester the *bokshi's* victim in addition). What appears as a significant finding of my research is that despite the urbanised framework of Kathmandu and Patan in which most of the patients live, witchcraft and supernatural beliefs have seemingly not diminished significantly—though, in regard to non-Newars, many of their supernatural experiences stemmed from the village. This is contrary to the expectations of many casual observers who feel that the urban environment naturally thwarts phenomena of this nature. Whereas this may be true for certain categories of spirits thought to require the cover of darkness, lonely spots or cremation sites, others like the *khya* rather appear to thrive in old Newari houses no matter where they are situated, whether in the village or city.

The on-going migration of people from villages into the city undoubtedly serves to aggravate depression and stress-related symptoms, besides entailing the transplantation of village 'superstitions'. There are also many problems emanating from increased congestion, both in terms of housing and population density. This has resulted not only in the accumulation of rubbish which is not properly disposed of, but also in previously unknown mixed residential areas and in the establishment of mixed-population shanty towns, acting to increase social pressures. Thus, there is a danger, in the urban setting, of the potential breakdown of social and cultural norms, especially impinging on the younger generation, which witchcraft and related beliefs may act to keep in check to a certain extent. This reflects the opinion of the researcher Annette Wiemann-Michaels who regards witchcraft beliefs as "healing" in regard to the maintenance of social norms and, by extension, harmony (1994, p.113).

Regarding the phenomenon of witchcraft, Lynn Bennett has pointed out that witches, although considered human, are

symbolically extensions of the violent and dangerous aspects of the goddess. The *bokshi* represents a reverse image of the ideal, self-effacing and nurturing Hindu woman. This is symbolised by the belief that to gain the requisite power, they must sacrifice their own husband or son to their patron deity, a manifestation of the goddess. The belief is that consequently, those amenable to becoming initiated into witchcraft are mainly comprised by spiteful and envious women who become devotees of the goddess so that they can influence the latter to supernaturally attack others with illness or barrenness (comp.1983, p.307).

My own research reveals that people more frequently believe that deities act on their own when they are slighted or displeased by the lack of their devotees' attention or due to the latter's transgression of the deities' spheres (for example, through the inadvertent desecration of a shrine). In this connection, their victims are often considered to be those in an especially vulnerable and innocent condition like children, people under the influence of a bad planet (*graha dosa*), or otherwise predisposed through their own bad actions in the present or a past life time to becoming victims. A healer, it has been shown, can be instrumental in rectifying this situation. For example, I learned of a man whose business failure was diagnosed by a well-known *deo-ma* as having resulted from the Ajima's displeasure. The man in question had apparently inadvertently desecrated the deity's former shrine. The remedial measures the healer proposed, which included rebuilding the Ajima's shrine and having a silver statue of the deity sculpted, resulted in the man's having become wealthy within the short period of only six months.

Witchcraft as a social phenomenon may serve as a warning for women to conform to the prevailing norms at all costs. Thereby, a belief in witches could be seen as helping to maintain women in a condition of social oppression by having created a monster who is the opposite image to her own. If they choose to assert their power in the present socio-cultural context and challenge their subordinate position, it is thought that women could significantly destabilise the existing order.

Therefore, the witch belief system crucially acts to maintain the status quo.

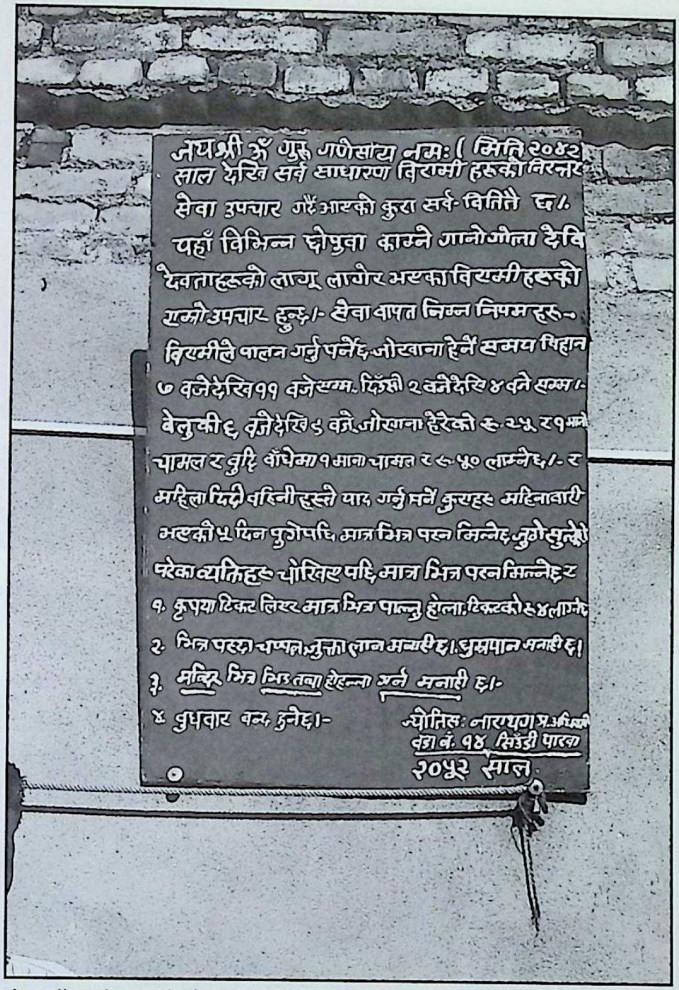
This is not to deny the finding of my survey that overall, at any rate, both male and female respondents were nearly evenly matched when it came to the extent of their suffering—despite the fact that the female *Parvatiyas* undoubtedly exhibited the most serious psychotic symptoms in terms of the frequency with which they suffered from *chopne*, hysteria, madness, etc. However, this may be at least partially compensated for by the male patients having exhibited a greater number of symptoms related to stress, depression and anxiety exacerbated by substance abuse. This was seen as having been caused by the greater number of responsibilities they must shoulder, especially in the increasing absence of the extended family as an effective support system.

In the final analysis, belief in the supernatural origin of disease does not, it was found, significantly discourage people from also seeking out medical help. An adverse effect of these beliefs can, however, emerge when people who are dissatisfied with the result of a visit to a medical practitioner then automatically revert back to the healer, as they jump to the conclusion that this *proves* their symptoms were supernaturally caused. The healers, for their part, usually corroborate this further, especially when they are seen as being able to pinpoint which supernatural agent caused the particular affliction, through their alleged tantric abilities or *siddhis*. This, in turn, serves to buttress the enduring belief in the supernatural realm as causative of disease and distress, creating a reciprocal relationship between the two spheres, healing and the supernatural, the one acting to reaffirm the existence of the other.

Other sources of the perpetuation of belief in the supernatural are the cultural representations of this sphere, particularly as articulated in the framework of the Newars' extensive folklore, music and ritual dances, which people of all ethnic groups and castes can identify with and find entertaining. The suggestion that certain spirit figures like the *khya* could be derived from an ancient Indian forest spirit, the *Yaksha*, gives credence to the possibility that, in addition, super-

natural beliefs belong, in a Jungian sense, to a substratum of culture, history and the subconscious mind in the form of an archetype. This in turn acts as an important means of upholding a particular cultural tradition.

There is thought to be a thin line between certain spirit and human representations, in that humans are considered to harbour some of the characteristics of spirits and deities and vice-versa. This gives credence to Buddhist and modern psychoanalytical thought postulating that the supernatural realm primarily exists as a projection or creation of the human mind and not as a separate sphere, alien to the human psyche. Thus, what appears from the viewpoint of modern psychology as a neurosis is culturally stereotyped as either a certain kind of spirit being, a deity acting in a harmful fashion, or even a human agent (such as a witch) thought to be in cahoots with these supernatural manifestations. The fact that in the present cultural context they are given such original and bizarre forms accounts for their enduring fascination. This gives rise to the possibility that the complete absence of these kinds of projections or *gestalts* may lead - as is the case in the 'demystified', modern industrial world - to a definite cultural impoverishment.

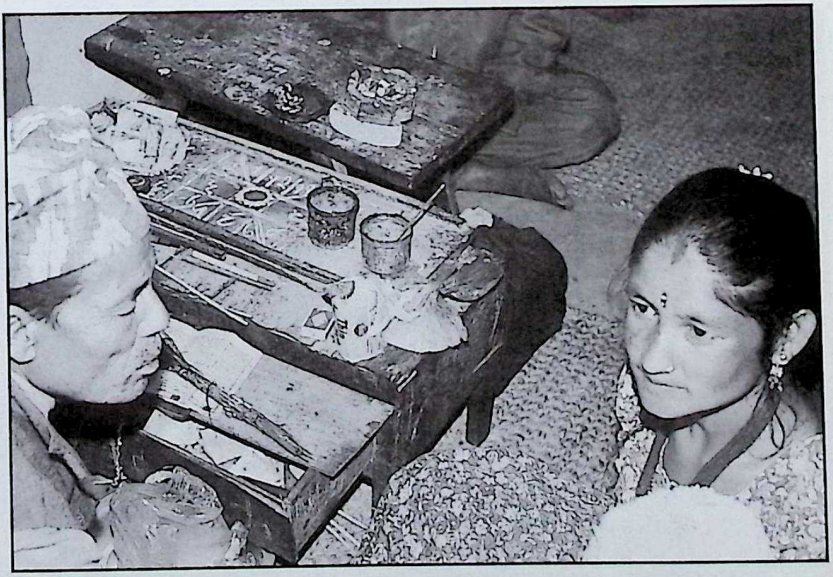


A noitce board placed at the entry to Guruba's practice. Following is a translation of the notice.

"Jai Shri Om Guru Ganesh Sai Nama" - Glory to the Lord our Guru Ganesh's holy Name" Our healing practice is for the treatment of all types of patients. Here, various afflictions like possession (*chopne*), swollen glands and all deity-caused disorders are being treated. For the best results, certain rules must be observed: 1. The patients' horoscopes must be checked - a fee of Rs. 25, plus half kg. of rice, must be paid. 2. For a *jantra* (amulet), there is a fee of Rs. 50 plus rice. 3. Ladies must remember that they can only attend after waiting five days from the start of their menstruation. 4.Others observing death or delivery pollution, must wait until expiry of the prescribed period. 5. All patients are required to take a ticket for Rs. 4. 6. They must leave shoes outside and refrain from smoking. 7. Inside the healing "temple" there should not be a large gathering and excessive noise should be avoided. 8. The healing practice is closed on Wednesdays.

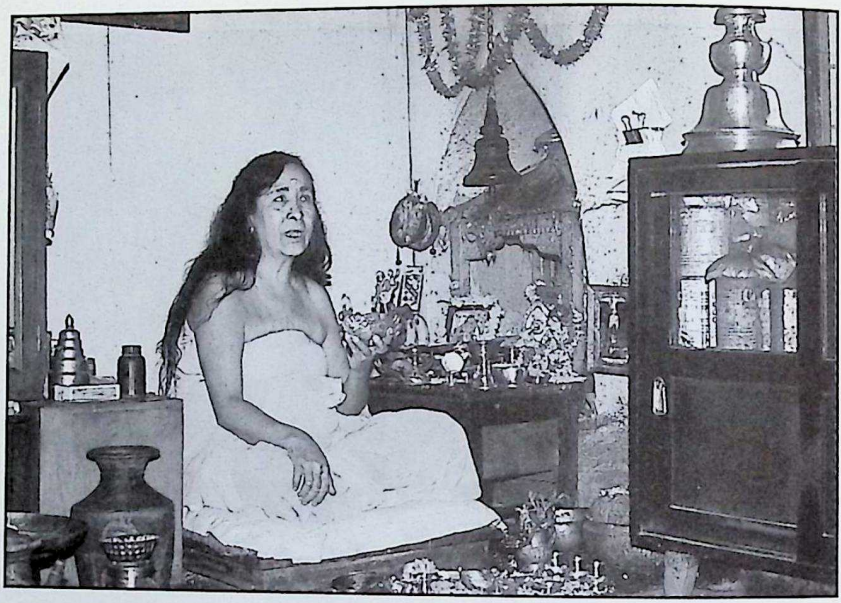
(left) Harsha Raj Guruju, Mukta Raj's father, in his traditional priestly garb.

(below) Mukta Raj Vajracharya performing *jhar-phuk*.



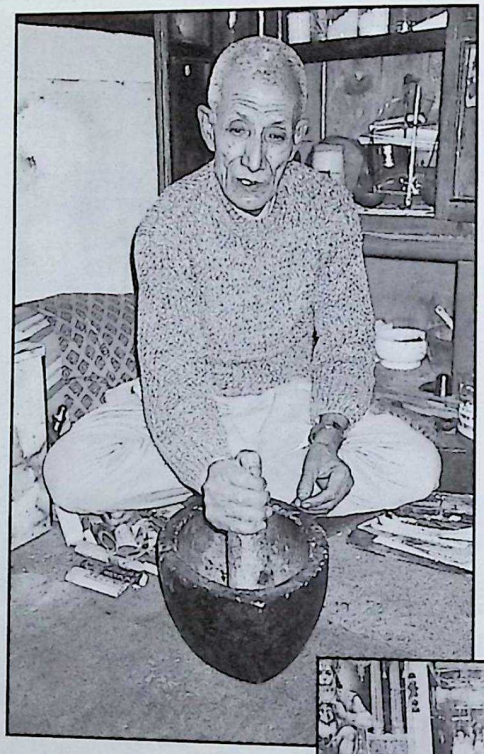
(top) Gelong Wang Dui - Tibetan Lama healer performing divination - "MO".

(bottom) Ratna Kaji Vajracharya - Mandala for rice divination marks planetary fields.



(top) Ganesh Maya Suwal invoking the goddess for healing.
(bottom) Ratna Devi Maskey, a *deo-ma*, being worshipped by her husband.

(top) Govinda Bahadur Rajbhandari propitiating the deities for deriving healing shakti.
(bottom) Unmatta Bhairav, propitiated by childless couples.

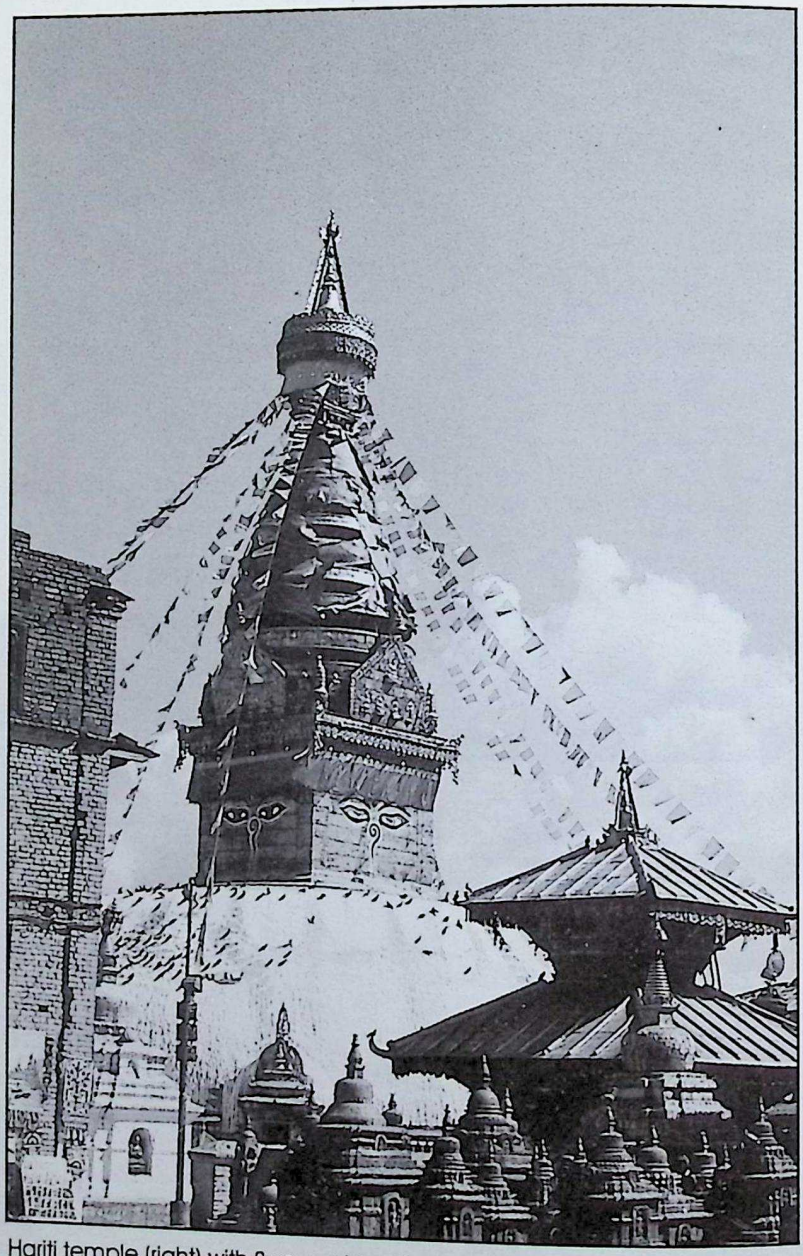


(left) Matura Bhakta Pradhananga preparing ayurvedic medicine.

(below) Bhai Raja Dyala feeling patient's pulse.

(left) Kumari the virgin goddess of Patan.

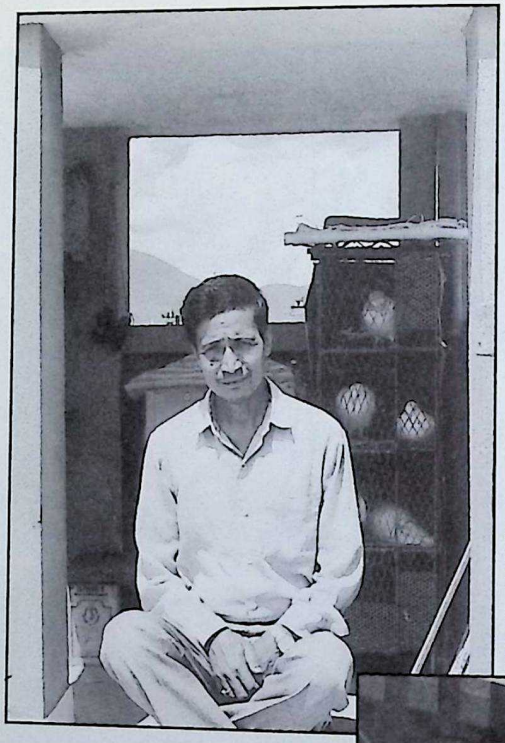
(below) *Lakhe* Dance.



Hariti temple (right) with Swayambhu Stupa in the background.

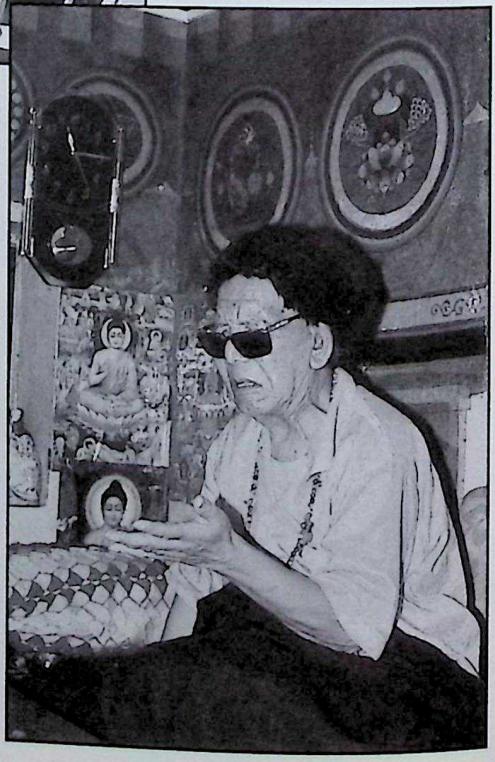
(left) Guruba employing his *bokshi-lathi.*

(below) Ratna Raj Vajracharya with his *Nag Mandala* hanging on the wall.

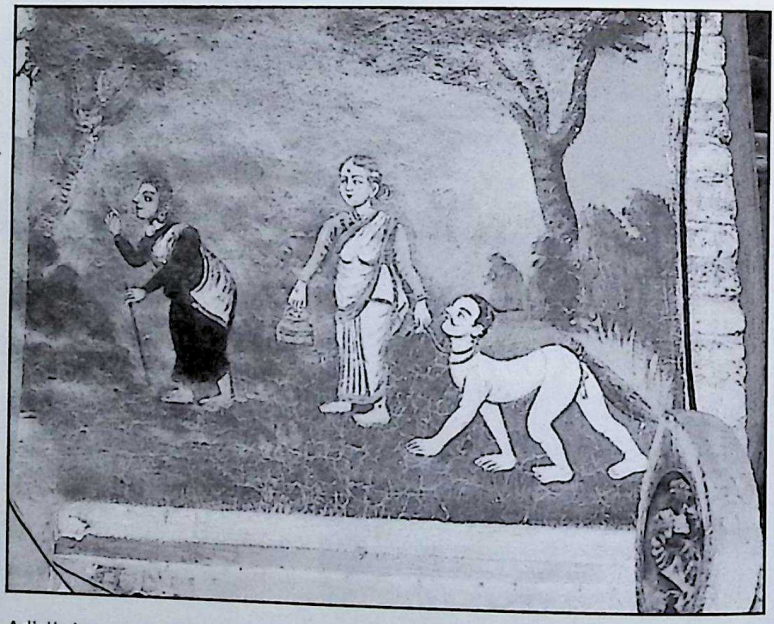


(left) Vidya Bahadur Vajracharya depicted with his "tantric" pigeons.

(below) Jagat Prakash Hirachan making prophesy.



Khya and his partner *Ko-won*, depicted on a temple in Patan.



Artist's image of *bokshi*, reflecting the traditional viewpoint that she can enslave her "vehicle", in this case a man who is being led by her on a leash. A painting from Patan.

Chapter 5

Healers and Healing Traditions

The belief in tantric powers and miracles can be considered part of a magical world view predating the scientific era which arose in the wake of the industrial revolution in western Europe. The latter had, in Weberian terms, the effect of an "iron cage" on people's consciousness which led to the cultural backlash of romanticism in art and literature. In the process, it seems that this magical world view was not totally eradicated, but has rather persisted as a psychic substratum or archetype in a Jungian sense, as part and parcel of man's collective subconscious. This possibility may have contributed to the present revival of interest amongst people in industrialised countries in a phenomenon like spiritual or tantric healing. This interest has undoubtedly been strengthened by a growing appreciation of the weaknesses inherent in modern medicine articulated by Dethlefsen and Dahlke, the latter himself an M.D.:

> *Medical procedures have been founded up to now upon considerations of practicality and effectiveness, but medicine's inner 'lack of soul' has in the end brought down upon itself the accusation of inhumanity...Many symptoms bear witness to the fact that medicine, too, is sick...Since the advent of so-called modern, scientific medicine the number of patients has not gone down even by the smallest fraction of one per cent...victory is proudly proclaimed over the infectious diseases...without a word about what other symptoms have increased in intensity and frequency over the same period* (1995, p.4, 10).

Even in developing countries, people are beginning to realise that modern medicines do not always deliver the "miracle cures" which they are purported to. In Asian cultures which have their own traditional medical systems much older than the allopathic, the holistic perspective of the human being espoused by these systems diametrically opposes the particularistic, symptom-focused one of allopathy. Therefore, they dovetail with critiques such as the one articulated by Dethlefsen, especially in the recognition that the roots of any given disorder are often non-physical. However, the widespread reliance upon modern medicine has undoubtedly been strengthened through powerful bodies like the medical associations which, in turn, act to buttress the monopolies of the multinational, multi-million dollar pharmaceutical concerns. Both together pursued a policy of thwarting the development of alternative medicine, especially in the industrialised nations, which may be one reason alternative medicine has become more rooted in developing countries. Homeopathy is an example of a healing system which became more widespread in India than in the country of its origin, Germany, due to the opposition of the medical association and pharmaceutical companies to this new, inexpensive method, as they feared for their monopolies of the health field.

Thus the recognition of the inherent ability for self-healing through the activation and utilisation of one's own latent psychic abilities to strengthen the healing process without reliance upon harmful chemicals was also mitigated. This forms a fruitful realm for the application of tantric healing which deals with the grey area commonly known as psychosomatics between mental and physical health. Interestingly enough, several healers in the survey mentioned that people from the industrialised countries come regularly to Nepal to seek help in curing afflictions which doctors in their own countries could not cure, like addictions, for example. Symptoms which are, in addition, not amenable to allopathic treatment in their own countries were successfully treated by the latter's tantric (and ayurvedic) methods. These include viral infections, chronic degenerative diseases, mental illnesses, allergies or auto-immune diseases, some forms of cancer, besides the psychosomatic complaints referred to. An Italian

artist, in fact, indicated that one reason she lives part of the year in Nepal is out of a recognition of the superiority of tantric healing (she consults both *baidyas* and *jhar-phuk baidyas*) over the allopathic methods which she says had only aggravated the majority of her (viral and allergic) disorders.

In eastern cultural ideology, the border between the body and the mind is not conceived of as being as strictly demarcated as in western conceptualisation, in which there is, more often than not, the presumption of a definite opposition between the two. In fact, western medical observers are only beginning to appreciate the extent to which what manifest themselves as "purely physical symptoms" may, in reality, be caused by psychic functions. This was illustrated by Wiemann-Michael's findings that in Nepal even body swelling can be a psychosomatic symptom, rather than a purely physical disorder (1994,p.51-52). Apparently, she had not been able to discover the same phenomenon in her own country, Germany, due to the dominance of the allopathic model of disease causation. Contrariwise, it was observed that symptoms experienced by Nepalis thought to derive solely from the supernatural realm like, for example, the ubiquitous '*bokshi* bite', could in fact, result from a vitamin deficiency causing the skin to bruise more easily than normally. Since the women who mostly suffer from them are prone to spending longer hours at home away from sunlight providing a natural source of vitamins absorbed by the skin, it is perhaps logical that they should be the primary victims of '*bokshi* bites'.

In regard to tantric healing, we must also consider the underlying assumptions of eastern (especially Hindu and Buddhist) philosophy, which take the existence of the psyche and psychic powers including supernatural phenomena (like deities, spirits and witches) for granted. Kakar postulates that whereas Buddhist philosophy goes the furthest in its belief in the "softness of reality" in which every phenomenon is considered an emanation of mental powers, Hindu philosophy in contrast, takes a middle way in rather postulating some things to have more reality than others. This encourages tantric healers, for example, to attach different degrees of reality to their powers, thereby creating what he terms "healing illusions"

entailing the creation of the reality conducive to tantric healing firstly for themselves and then convincing others of its veracity: "Since the [tantric] healer is believed to be endowed with suprahuman powers, there is a general belief that all he needs to know is the right mantra for a particular...affliction and success is inevitable. Such a belief in the healer's powers...is of immeasurable value since it harnesses the patient's state of expectant trust which is vital for the healing of emotional disorders" (1984, p.181,186).

The phenomenon of tantric healing is, in the present context, viewed as an extension of tantra generally, an important ramification of which inheres in the striving of its practitioners to obtain control over the environment, including those who people it. This is said to occur through the application of certain occult powers (*siddhis*) often acquired through dangerous spiritual exercises (*sadhanas*). Some of the classical tantric texts, Kakar states, resemble for this reason manuals of black magic in teaching the adept to cast spells (*jadu tona*), to create illusions (*indra-jal*), to exercise control over others (*vashiskarana*), to attain the power of attraction (*mohana*, in Nepali, *mohini*), pacification (*shantikarna*), etc. Each of these powers is considered the province of a particular goddess who must be propitiated to achieve mastery in her realm (1984, p.179).

What should also be mentioned here is that the tantric healers must also know how to reverse the spells cast by their opponents, comprising an important thrust of tantric healing in the Valley: to undo or reverse the tantra practised by others, commonly considered witches or sorcerers. This is chiefly effected through the employment of certain mantras which need to have been passed on from master to disciple to ensure their proper effectiveness.

A healer's repertoire of various techniques and practices depends, as indicated, on chiefly two variables. The first concerns the extent of a practitioner's mastery over the relevant mantras, in the absence of which other tantric techniques, thought to be able to create the same effect, must be supplemented. The other variable concerns the degree of empower-

ment which the particular tradition a practitioner is embedded in is considered to convey. This is sometimes linked with his or her caste and/or religious affiliation, degree of literacy and gender, along with the kinds of gurus the adept had to learn healing. Some traditions may be more vital than others, or rather, more appropriate for one age than others. Durkin-Longley quotes a *gubhaju* as having confided his view to her of the demise of the "tantric age" having made it more difficult to maintain the effectivity of their mantras and other tantric techniques used in healing and in their own spiritual practices (1982, p.193-194).

Even given the draw-backs of the *Kali yuga*, the present 'degenerate' age, certain tantric modes may be more appropriate to employ than others in this age and need not imply a total negation of tantra's potential effectivity per se. Besides, as some healers are wont to stress, the success of a particular healing endeavour may depend upon many subjective factors like the astrological harmony between healer and patient, in the absence of which the whole enterprise may be doomed to failure from the outset. This means that it is worth "shopping around" for a suitable healer, instead of believing the entire enterprise to be bogus on the basis of only some unsatisfactory results. This is not to deny the existence of charlatan healers setting up shop on the basis of limited knowledge of tantra-mantra.

The other problem concerns the healers' frequent lack of knowledge of modern psychology and psychotherapy, which occasionally may be seen to compound the latter's difficulties since cases deriving from psychosis or neurosis are often simply treated as supernaturally caused. In the absence of a notable improvement in the patient's condition, the healer may give the excuse that it is an 'old problem' and therefore requires repeated treatment. If there is still no improvement, the healer is generally compelled to admit defeat and will encourage the patient to try elsewhere. Cases of acute psychosis like schizophrenia may then either be hospitalised by the hapless family or even imprisoned. Thanks to the efforts of concerned psychiatrists, however, this is no longer being so often condoned by prison officials in Nepal.

PART I: INTRODUCTION TO THE HEALERS

Whereas the discussion in Chapter Four attempted to gauge the opinions, beliefs and experiences of the patients, the present section is devoted to a comparative study of a cross-section of healers grounded in Hindu and Buddhist tradition.

The following categorisation of healers is chiefly a heuristic device as actual healing modes overlap considerably with the healers manifesting varying degrees of deviance from the 'ideal type'. The study centres mainly upon one kind of practitioner, still relatively numerous who is indigenous to the Valley, the *jhar-phuk baidya*. Although grounded in the ayurvedic tradition, he differs from a simple *baidya* in that he focuses on tantric methods in his healing repertoire, particularly the practice of *jhar-phuk*. This healing tradition has two branches, one Hindu and the other Buddhist. In the Valley, the *jhar-phuk baidya* was more often than not identified as an upper-caste, older Newar male.

In regard to the Hindu Newar tradition, there is a sub-caste of Shrestha called Baidya who were, especially formerly, ayurvedic physicians, some of whom still practice in this capacity. According to Durkin-Longley, although the *jhar-phuk baidyas* consider themselves equal to those who practice solely as ayurvedic doctors, they are not generally considered thus by the latter, especially since they tend to be illiterate and belong to lower castes (1982,p.160). My own findings do not entirely corroborate hers' as it was rather discovered that *jhar-phuk baidyas* in fact often do belong to high castes (normally Shrestha or a sub-caste of Shrestha). The low caste practitioners were not found to employ the exclusive title of "*baidya*", but usually combine it with "*dhami*", even when they also administer ayurvedic preparations. At least two practitioners of this kind have been included in my survey, one belonging to the Newar farming community of *Jyapu* and the other, to the 'untouchable' caste of *Pode*. In regard to Durkin-Longley's presumption of their alleged illiteracy, it seems that there has been a tremendous upsurge in literacy since she conducted her study in the late 1970s, so that most of these kinds of healers are at least semi-literate today.

Buddhist Newar healers are mostly Vajracharyas, the high caste priest-cum-healer, normally called *gubhaju* or *guruju*. David Gellner has stated that "*gubhaju*" is an honorific title applied to these priests in Kathmandu, whereas the preferred title in Patan is "*guruju*" (1993,p.67). The researcher includes *gubhaju* in the category of what he terms *jharphuke vaidya* (often simply termed "*jharphuke*") which seems more correct than Durkin-Longley's categorisation, as both kinds of healers are characterised by their combination of tantric healing with the prescription of ayurvedic medicine and astrological predictions. Although *gubhajus* are normally highly literate having studied Sanskrit and old Newari dialects in addition to Hindi and Nepali, Gellner indicates they share the following characteristics with their Hindu counterparts:

> *The level of astrological or ayurvedic expertise displayed is often not such as to account for the reputation of the healer. An educated person who suspects that their problem has astrological causes is probably more likely to go to an astrologer pure and simple; and for a complaint which they think may respond to ayurvedic treatment, they are more likely to go to a specialist who deals in ayurveda alone. Others, however, bring any complaint to tantric healers* (1993, p.328-329).

One salient distinction between the two is that the Vajracharya healers normally come from a long lineage of healer-priests and study under their fathers, whereas this can not be said to be the case necessarily for Hindu *jharphukes*.

Although not comprising a central concern in the present study, nevertheless, the *deo-ma* is featured in the survey to some extent, especially since this female healer has become quite prominent within the last two decades. The *deo-ma* is normally (but not always) a medium for the Ajima, the goddess of children's diseases and smallpox, Hariti. In the Valley, most people whom the Ajima possesses for the purposes of healing are Newar women of all castes and ages - and not, as some have alleged, mainly lower castes. However, other manifestations of the mother goddess, part of the Hindu pantheon

of wrathful female deities, are known to possess non-Newars, too. Vivienne Kondos has for instance, written about a 'Kali-possessed' *Parvatiya* woman residing the Valley who also performs healing (comp.1991).

Often lacking any formal training as a healer nor hailing from a healing lineage (although the prominent *deo-mas* are known to train their own disciples), the *deo-ma* normally uses only tantric methods. These may include the performance of *jhar-phuk*, giving or sprinkling holy water called *jal*, ash and rice. She may also administer a limited selection of ayurvedic herbs, especially in the event that she has been trained under a *gubhaju* or *baidya*. Even though people visit them for any complaint, in practice, they often enjoy the reputation of being especially empowered to combat witchcraft. As mentioned earlier, at least some of the *deo-mas* are thought to either dabble in it themselves, particularly if given an incentive to do so like enmity or the requisite cash. Or they have themselves formerly been practitioners of witchcraft, having become "converted" to healing through a divine calling, such as possession by Hariti. This goddess, as has been shown, began her own career as a demon, who, through the Buddha's blessing, was transformed into a deity.

Another kind of healer considered peripherally in this survey is the Buddhist monk, either a lama (Mahayana Buddhist) or a bhikshu (Theravada Buddhist monk or nun), although both mostly act as healers in a secondary capacity to their primarily monastic pursuits. This may be linked to the fact that the Buddha prohibited their professional practice of healing, encouraging his monks to perform *seva* instead, selfless service for humanity, not on a remunerative basis. Thus, they are supposed to chiefly treat their own devotees, or people who are referred or known to them, in the latter's own homes, and do not normally have a healing practice like the other kinds of healers mentioned here. The latter, for their part, possess a proper *asan* or sanctified seat serving as a source of their empowerment for healing. I have noted that chiefly the *deo-ma* often have elaborate *asans*, encircled by carved wooden or even silver nagas. Considered an important symbol of protection, the nagas are also found shielding the

Buddha, especially on statues atop the *chaityas* found in most towns and villages in the Valley and throughout the country.

Tibetan lamas using nearly the same techniques as the *jhar-phuk baidya* may also act as full-time healers and *pujaris*, as exemplified here by the lama Gelong Wong Dui. On any morning it is possible to meet this affable man in the Jawalakhel Tibetan Refugee Camp surrounded by all manner of patients, Tibetans and Nepalis included, seeking treatment for naturally and supernaturally caused afflictions. The bhikshu healers, on the other hand, although generally devoid of the conventional practices usually associated with tantric healing (*jhar-phuk, nadi*, although they may administer *jal*), have been included in this category as they may still rely on the chief healing technique, that of mantra. Their mantras may either act as a general panacea or are geared towards the alleviation of a particular complaint, but all derive from the Buddhist scriptures or sutras. They are being chanted by the lama and bhikshu, who, at the same time, meditates to facilitate the healing process.

Healing, as has been noted, has a strong precedent in Buddhism and thus it is perhaps not so surprising to find monks and nuns as healers. Likewise, healing forms an integral component of Hinduism. For example, the Hindu astrologer or *jyotis* often conducts tantric healing alongside his main preoccupation in order to appease those planets and their corresponding deities whose negative constellations are causing problems for someone.

The last group considered in this survey are grouped together as "miscellaneous, free-lance healers" since their methods place them beyond the purview of most established healing traditions. They do not practise healing in the context of an established tradition, but like the monastics, mainly heal either their own devotees, those referred to them by the latter or their own relatives, and may or may not have healing *asans*. The methods they employ are unusual for Valley tantric healers and normally reserved for specific kinds of complaints. This group includes a *Bahun*, Dev Swami, originally from outside the Valley, who may be described as an independent, self-

styled tantric healer. Three belong to the Vajracharya caste, one of whom, Yog Ratna, is deceased, with a few of his main disciples still practising privately. Another is Vidya Bahadur, whose methods derive from that of a Tibetan shamanistic healer. Also forming part of this group is a female Vajracharya, a 43-year old ex-Kumari, the so-called "living goddess", who practises healing as a side-effect of her role as Kumari.

PART II: *JHAR-PHUK BAIDYAS*

A practitioner hailing from a long lineage handing down a healing repertoire through generations will evince more internal consistency than one lacking such a lineage. However, it seems that what they gain in consistency they lose in effectiveness as it has been found that the latter may prove a more innovative and dynamic healer than one more bound by tradition and formalities, as these can be particularly stifling for a tantric practitioner. It is mainly Hindu healers, devoid of such constraints who are less reluctant to grapple with the more dangerous and malignant of tantric forces, most notably the witch. The Vajracharya healers, in contrast, high caste whose practises are characterised by a high degree of uniformity, are, not surprisingly, most reluctant to tackle the witch. They are also usually not inclined to engage in *bir-sadan* practice at the cremation ground. This is essential for learning the witchcraft-reversal mantras and other techniques for combating practitioners of black tantra, sorcerers, wizards and witches.

When it comes to Newars, the two healing traditions, Hindu and Buddhist, both previously exhibited a greater similarity than they do today. This is especially true for the Hindu tantric tradition, since, according to Siddhi Gopal Baidya, the tantric element formerly automatically went alongside that of administering *aushadi* (herbal medicine). In this respect, the Hindu and Buddhist traditions were originally very similar to one another. With the passage of time, though, the Hindu *baidyas* concentrated more on the ayurvedic and less on the tantric aspect, as they developed more expertise in ayurveda, which is in itself, according to Siddhi Gopal, a very demanding science. The Vajracharya *baidyas* did not renege

on the tantric aspect of their practice to the same extent as it coincides more nearly with their priestly activities and thus were able to maintain both branches of healing intact.

Black tantra is tackled in a different way by both kinds of healers in that the Hindu practitioners, as stated, appear less reluctant to face witches directly than the Buddhists, who rather prefer using indirect methods to counter their influence. For example, some practitioners like Ratna Raj Guruju are noted for their production of *jantras* (amulets) to ward off witchcraft possession and spells. Others may administer *jadi-butti* (tantrically empowered medicinal herbs) to thwart the designs of the witch and her curse (*bigar*), rather than inducing her to enter the patient's body for the purposes of exorcism.

When it comes to specifically Hindu Newar *baidyas*, Gellner's argument suggests that the greater openness of the Hindu Newars, in contrast to their Buddhist counterparts, may inhere in the fact that amongst Newars, Hinduism permits tantric initiation to lower castes such as *Jyapus*. This is not possible, he indicates, amongst Buddhist Newars, although in the case of lower-caste Buddhists like the butchers, they have been noted to integrate the tantric feature of secrecy surrounding certain ritual practices, producing the same social result (1993,316). This contention, especially regarding the greater openness of the lower-caste Hindu Newars to tantric initiation has a bearing on healing, as it may be said to correspond with the overall trend amongst Hindus generally towards greater non-exclusiveness in their tantric practices since anyone, even untouchables, can claim to be possessed by Shiva for the purpose of healing. As several of the healers interviewed stressed, Shiva is Lord of the *masan* (cremation ground) and of the evil spirits lurking there. As often reiterated in the myth concerning the origin of *bokshi vidya* (witchcraft), it is significant that it was Shiva who originally taught Parvati the *bokshi* mantra - although Parvati is often portrayed as shouldering the blame for its introduction. Be that as it may, the fact that the originator of both was Shiva provides a legitimation for the right of the existence of black tantra (*kuvidya*) alongside white tantra (*suvidya*).

The bearing this has on Hindu tantric healing is evident in that it is linked to the absence of hard and fast boundaries between practitioners engaged in sorcery and those engaged mainly in healing, as their *mul guru* (root teacher) in each case is the Lord of the *masan* and spirits, Shiva. A similar kind of ambivalence is absent amongst Buddhist healers who do not recognise Shiva as their guru, but rather the Buddha, whose attitude towards these evil forces is, in any event, more unequivocally negative. However, as Buddhism treats all supernatural phenomena as emanations of the human mind, this may also be said to relativise the absolute distinction between black and white tantra. The immateriality thought to govern both spheres may be seen to ultimately unify their opposition.

THE BUDDHIST NEWAR HEALING TRADITION

Manju Deva Vajracharya, who lived about 350 years ago, was the spiritual founder of Ratna Raj Guruju's lineage of tantric healers. He was said to have been born with the *siddhi* of Manjushri, attesting to his exceptional wisdom, and was notable for the fact that he had refused to consume rice since his rice-feeding ceremony at the age of six months. For this reason, he was called Ja-manaa Gubhaju, Newari for "one who refuses to eat rice." Refusing in fact to consume any kind of grains, he restricted his diet to foods considered in Vedic ideology *sattvic*, like yoghurt, milk, sweets and fruit, also said to have accounted for his tantric *siddhi*.

According to the account given by Ratna Raj Vajracharya in his booklet *The History of Kwa Baha* (1994), during Jamanaa Gubhaju's lifetime, an Indian (Hindu) yogic sorcerer once came to Patan Durbar Square and exhibited his powers by extracting the internal organs of his own baby and then restoring him back to life. As this performance was marvelled at by Jamanaa Gubhaju's students, he sent them to Durbar Square with a porous basket, to fetch water. Since all the on-lookers were distracted from the yogi, having witnessed the *gubhaju's* students carrying the porous basket full of water, he decided to spoil their triumph by casting some mantra-empowered dust on the basket, causing all the water to flow out again.

When Jamanaa Gubhaju heard this story and witnessed his students' tears of shame and embarrassment, he took an eagle feather up to the roof, thereby transforming himself into an eagle. He then flew to Durbar Square and snatched the baby's liver from the sorcerer at the precise moment when the latter was to reassemble his baby again in front of the onlookers. Anticipating a visit from the irate father, Jamanaa decided to leave his house and requested his wife to send any visitors to Lagankhel where he was grazing his cattle, but that she should simultaneously not hesitate to demonstrate her own tantric powers.

The sorcerer duly enquired as to the residence of the *gubhaju*, as he suspected the students' guru to have been the one to have stolen the baby's liver, and went there immediately. Only his wife was at home, busy brewing *rakshi*. When she asked him to come upstairs into the kitchen, he was astonished to see that she was brewing the alcohol using her own legs as fire wood and wondered at what the *gubhaju's* own power was like. He proceeded on to Lagankhel, only to find Jamanaa Gubhaju lying on the ground and allowing his cattle to graze on the top-most branch of a tree which he held down using only his big toe. The sorcerer, having now witnessed two magical feats, fell down at his feet, begging for forgiveness for having humiliated his students in public and humbly requested his child's liver. Jamanaa Gubhaju, having a naturally compassionate nature, told him to hold down the branch while he returned home to fetch it, but the force of the branch swung the sorcerer up into the air and dropped him on the other side. When he finally had to concede defeat, having seen that his own power was truly no match for the *gubhaju's*, he vowed never to return to Nepal again.

The rivalry between traditions is by no means limited to Hindu versus Buddhist as there are other stories in which the tantric power of the Vajracharya practitioner is pitted against that of the Tibetan. As recounted by the Newars, in these tales the power of the former was, not surprisingly perhaps, found to have exceeded that of his Tibetan lama rival also practising the Vajrayana tradition of Mahayana Buddhism. This demonstrates that, at least historically, there was ostensibly a felt

need for the Newar tantriks to differentiate themselves from their southern and northern competitors and, simultaneously, legitimise the alleged superiority of their own tradition as opposed to that of their neighbours.

A Vajracharya priest is, according to Aziz, considered spiritually empowered by virtue of his (quasi-) incarnate status fortified through a series of tantric initiations (*dikshas*) rendering him capable of executing divinatory and healing feats on the basis of the alleged control over supernatural forces (comp.1976, p.343). The salient characteristic of a *Vajra* master, as opposed to a *tulku*, a reincarnate lama, is that the former executes healing in the framework of a what Stablein has termed ceremonial medicine comprising a ritual and healing repertoire which must be learned (1973, p.193). A *tulku*, on the other hand, carries out healing and divinatory activities in a largely non-ceremonial framework. However, Stablein posits basic similarities between the Tibetan and Newar systems of healing since both are grounded in the Vajrayana Buddhist tradition. Stablein alludes to what has already been identified as a fundamental distinction between Hindu and Buddhist Newari healing traditions, as that of the Buddhists depends largely on the careful control over the process of the hierophant's selection (1973, p.195).

The ceremonial system of Vajrayanic healing is thus mainly effected through a process of what Stablein has coined the 'transubstantiation' of the priest inhering in a tantric technique, that of *nyasa*, since he makes a conscious effort in each major ceremony to project the divinity as himself. Stablein concludes that "the hierophant projects the divine hierarchy which is fed back as an inner projection within his *Vajra* body, through which flows the curing ambrosia...[thus] the traditional community...has faith that even if it does not produce the miraculous cure that is hoped, it will at least give the strength to accumulate more religious merit for a peaceful death and better afterlife" (1973, p.202). This suggests that the clients at any rate expect the healing substances, whether in the form of *jal* (Stablein's healing ambrosia?), *jadi butti* or a *jantra*, to contain an "extra" ingredient, allegedly a product of the *gubhaju's* transubstantiation. This acts as a spiritual pana-

cea considered capable of overcoming a multitude of obstacles like hindrances to a higher rebirth and corresponds to the wider spiritual concerns articulated by some healers, notably, Mukta Raj Vajracharya and the *deo-ma*, Ganesh Maya Suwal. Although the aims of Hindu tantric healers, in contrast, appear to have been dictated more by the pragmatic considerations of removing the *dosa*, i.e., the punishment or obstacle of a spirit or deity, nevertheless, there are still some exponents like Dev Swami for example, who stress the wider spiritual framework of the tantric endeavour as leading to *mukti*.

Despite a certain elitism which some Vajracharyas exhibit, *gubhajus* still enjoy a considerable reputation as healers and magicians, even, as Gellner points out, amongst non-Newars. The fact that, as he states, other castes practising as tantric healers have often trained under a *gubhaju* (1993, p.328) was corroborated when I discovered several lower-caste *deo-ma's* who trained under Ratna Raj Guruju. Contrary to the majority of *baidyas* practising exclusively ayurveda, Buddhist *jhar-phuk baidyas* consider their usage of ayurvedic *aushadi* as an extension of their tantric practice and not vice-versa as ayurvedic theory postulates (i.e., that bhutavidya is considered a branch of ayurveda). It is significant that a high number of practitioners in this category indicated that they use *jadi butti* for reversing the effects of *bigar* by prescribing it to be mixed in the victim's food or to be eaten directly, causing the witches' curse to be eliminated as waste from the victim's body.

To recapitulate, what emerge as the overall differences between (Newar and non-Newar) Hindu and Buddhist tantric healing traditions are the following factors. Firstly, there is a greater uniformity of practice and belief amongst Buddhist, as opposed to Hindu practitioners, partly due to the presence amongst the former of a longer healing lineage. Yet, by the same token, there is a greater tendency amongst the latter to adopt innovative and radical methods if they prove effective. Secondly, there is a more pronounced reluctance to take on the *bokshi* directly by the Buddhist healers, although this may also in some cases, be due to their comparatively older age, as for example, Mukta Raj was given the name "Bhimsen Guruju"

in his youth, due to his ability to challenge the *bokshi*, but is now increasingly reluctant to do so. In Ratna Kaji's words, the Vajracharyas are "God healers" first and foremost and allegedly do not derive their tantric *siddhis* from the *masan* (although, as discussions with the healers have shown, they may either do tantric *sadhana* and *jap* at the *masan or* at the Ajima shrines located in the same vicinity). Thirdly, Hindu tantriks exhibited a greater willingness to incur supernatural sanctions for the sake of liberating their clients from the *bokshi's* possession or curse. Last not least, there was a greater tendency on the part of the Buddhist healers to stress the wider, altruistic aspects of healing in the prevention, for example, of natural disasters and even in the *gubhaju's* proverbial ability to produce rain, effected through a rain puja dedicated to the Nag Devta. The Buddhist *deo-ma*, G.M. Suwal's main concern, by the same token, was to construct a temple for Hariti's youngest daughter, Jilan Maiju, in order thereby to remedy the ills afflicting humanity as a whole. By the same token, Buddhist practitioners tended more towards viewing healing as a side-effect of their overall spiritual practice and thus exhibited a wider concern for the alleviation of suffering generally and for their adept's liberation (seen for instance through Yog Ratna's practice of *Yog siddhi*).

In the following section, the healers are briefly introduced and subsequently, their healing methodology and the main substances and instruments they rely upon are being discussed, based on my own observations at the healers' practices and on extensive discussions held with them. The objective is to provide a comprehensive overview of the *modus operandi* of a representative selection of Kathmandu Valley tantric healers.

PART III: THE HEALERS

The healers include the Hindu and Buddhist *jhar-phuk baidya*, the female medium, *deo-ma*, and the Kumari, those healers deriving inspiration from the monastic (and to a lesser extent, shamanist) Buddhist traditions, a Muslim tantric healer and finally, a number of free-lance, self-styled healers.

Although the majority are Newars—in the first group of Buddhist healers, all are Newar—the other categories also include some non-Newars.

1. BUDDHIST HEALERS

1.1. *Pandit Baidya Asa Kaji Vajracharya*

The *baidya* was over 70 years old when he died in 1993, having resided with his son, who was under training with him in Nakabahil, Patan. Asa Kaji hailed from a lineage of *jhar-phuk baidya* which had been practising for five generations. The *baidya* had made a name for himself due to his research and writing on Vajrayana Buddhism and Newar Buddhist ritual and history in Nepali and Newari languages, a passion he inherited from his father who used to collect old scriptures which Asa Kaji translated and commented upon. Many foreign and indigenous scholars consult him about Vajracharya lore and rituals, and he was known to divulge what others considered too confidential (particularly the secret tantric pujas) to reveal to outsiders for monetary gain, for which many from his own community were wont to criticise him.

In regard to his healing activities, he identified himself as *baidya* and *jyotis* both. When questioned as to the basis for healing in the Vajrayana (Newari) Buddhist tradition, he indicated that "we *gubhajus* are guided by the Chandra Maharoshan and do treatment according to the Karavir Tantra, so we do not need to be possessed when healing." He indicated that the majority of his patients were children suffering from the "child madness" syndrome of *ari kon* (*runce*):

> *I use two different ayurvedic preparations against fever and ari kon and perform jhar-phuk on the second, third and seventh day. I prepare the jantra (amulet) which I give to the patient by writing down the relevant mantras on a piece of paper and wrapping it with herbs.*

It is significant that the *baidya* stated that possession by a deity should be considered a blessing, since it can be a way

of reminding the victim that the latter has neglected to worship the deity sufficiently. When questioned, Asa Kaji indicated that he did advise people to seek out other kinds of healers if necessary: "In that way, I suppose you could say that I am more modern than many other *gurujus* who act as healers and believe that through their tantric power, they can perform any feat."

1.2. *Pandit Baidya Ratna Kaji Vajracharya*

The *baidya* was 57 years old in 1995 and his family had been residing in Bungamati, an old Newar settlement south of Patan, for several generations. Bungamati is the home of the Newar's (especially *Jyapu's*) patron deity responsible for ensuring a good harvest, the Bunga-deo. The pandit is unusual in the present survey, since he combines agricultural with ritual pursuits and is consequently far less urbane than his counterparts in Patan. He strikes one as extremely warm and affable, so what he lacks in sophistication he obviously gains in genuineness. His traditional education was in a *gurukul* school in Patan where he studied Nepali, Sanskrit, religion and grammar. One of his teachers (besides his own father) for healing was the Pandit Asa Kaji and for astrology his guru was another famous man, Pandit Mangal Raj Joshi, a former royal astrologer. Ratna Kaji is also unusual due to his lack of reluctance to employ some allopathic techniques—a stethoscope conspicuously hangs on the wall behind his healing *asan*—including medication and injections when deemed necessary, for which he has had the necessary training as compounder. The majority of *baidyas* spoken to strenuously rejected the resort to what many consider an unequal rival (i.e., allopathy) to their own healing tradition.

The *baidya* opined that mental disorders, stress and depression only gained in frequency recently as they are an expression of the modern age, and thus require more innovative methods to treat them. The main cause of illness lies, he averred, in a planetary weakness: "The planets must be in the right position, then neither the *bhut-pret* nor the *bokshi* can harm a person. If a planet is in a weak position, it is not in

consonance with the wishes of the deity which governs it, so the latter must be pacified, for the [planetary] weakness to be rectified." The healer recounted this mythological tale about the origin of tantric healing, different versions of which other healers, as stated, had also narrated. This rendition is somewhat different due to its patently Buddhist twist, lacking in most other accounts.

One day, Mahadev [Lord Shiva] was teaching Parvati about tantric healing. In the beginning, he taught her the black healing arts, but she fell asleep when it came to the white arts...Lokeshwor [Buddha], Shiva's guru, pointed out that he had taught Parvati in the wrong order, as the white tantra should have come first. Only from this time did two different tantric [healing] methods originate, not before. Mahadev knew the black tantra better as he is lord of the pisach and bhut-pret, since his real abode is the masan. Then Shiva and Parvati taught [tantric] healing to mankind, [with Parvati teaching only the black tantra to the females, who became bokshis and Shiva taught white tantra to males, who became healers.]

1.3. *Ratna Raj Vajracharya*

This *jhar-phuk baidya* is well-known, not only in healing circles, but also for his all-around knowledge of Vajrayana tantric ritual. Sridhar Rana, for example, had a special *Asta Matrika* initiation, for which the *baidya* is known, from him. A spritely, quixotic man in his early 70ies, Ratna Raj is one of the best reputed *gubhajus* in Patan, whose healing lineage is that of Jamanaa Gubhaju (whose history he wrote about in his booklet *The History of Kwa Baha*). Residing in very humble surroundings in Lagankhel, Patan, he possesses a modicum of healing charisma, although he can also be boastful and somewhat arrogant. He is known for soft-pedalling on witch exorcism, as he never proceeds forcefully against any, even malignant force like a witch, but only counters her influence indirectly by setting up tantric obstructions, most notably, amulets (*jantras*). In this connection, Sridhar Rana recounted how a maid servant was given an amulet by him and when she tied it around her waist, the witch who had been harassing her, pos-

sessed her and demanded she remove it as it was impeding her work—testifying to the effectiveness of his *jantra*.

The *guruju* has been known to teach various tantric techniques such as making a person impervious to the pain of receiving a cut, which is, in addition, not supposed to bleed, according to a disciple learning this technique from him. Although Ratna Raj has been known to train a number of Jyapu women wishing to become *deo-mas*, he avers that he only believes someone is a genuine *deo-ma* when she can read his mind. When questioned about the mantra he employs, he stated:

> *They are all from Mahayana, neither Hindu nor Buddhist. Hinduism corresponds to the first floor of a house, Buddhism to the second and Mahayana is the highest, the last floor. Theravada is only practised for self-realisation, whereas Mahayana is for helping others achieve moksha. Mantras actually come from the scriptures, directly from the gods' and goddesses' mouths. They are not man-made; therefore, it is essential to recite them with a pure mind. Mantras can only be transmitted from guru to disciple, they can not be published in a book and learned that way.*

1.4. *Nai Guruju*

Chudamani Gubhaju hails from the relatively low Newar Buddhist caste of Kusah-Tandukar, who were originally farmers and musicians. Yet, in common with his forefathers of two generations, he obtained priestly consecration by a Vajracharya and is thus considered an honorary member of this group, though his healing methods are not exactly identical to the latter's. At mid-50, he has six sons and three daughters and has been practising for the past 28 years. The *gubhaju* has had some schooling, and healing was only imparted to him by his father. His grandfather used to treat some adults, but his father was the first in the family who, like himself, concentrated

mainly on curing children. In fact, if adults do come, they must wait until the children are seen to.

The reason he is called "*Nai Guruju*" is because, traditionally, his lineage has served as priests for the Newar butcher caste, the *Nai*, in whose area around Khumbeshwor temple in Patan, he resides. This is considered a form of selfless service, as butchers are nearly regarded as untouchable and high caste Newar priests will not serve them. Nai Guruju is perfunctory and cursory, with little time on his hands for chatting. However, he was one of the few healers who absolutely refused to accept any donation for information imparted, testifying to his genuiness of purpose and lack of greed. The main symptoms in the children he treats who are mostly infants are *moch*, similar to *runce*, which children develop when they touch a pregnant or barren woman. It involves a preference for sour and hot foods and the children tend to drink too much water, in the course of which they get thinner, lose their appetite and cry unreasonably. Another disorder is *satu-wanegu*, when a baby gets a fright and consequently develops dysentery and vomiting, or they may get these symptoms from a spirit-caused illness, *puna-hagu*.

1.5. *Pushpa Ratna Shakya*

This healer passed away in the course of research, in May 1995, at the age of 65, from liver sclerosis. One of the last remaining *ghat baidyas*, he was able to foretell the exact time of death of a terminal patient through *nadi* examination alone. He was certainly one of the few Shakyas in this field. Hailing from seven generations of *jhar-phuk baidyas*, he was nevertheless the only *ghat baidya*. His original home, an extremely old Newari house, is in the same locality his family still resides in, Nai Lakku near Khumbeshwor. The *baidya* was an exceptionally honest and likeable person, whose charisma is shared by his wife, an ayurvedic healer in her own right. Pushpa Ratna's only qualification was in Sanskrit and apparently his family were formerly Vajracharyas, but as they stopped performing priestly activities, were "demoted" to Shakya status. The *ghat baidya* learned healing first from his fa-

ther, then from two Tibetan lama healers, Seku and Cheku Rinpoche, His lineage extended from Shramananda who had been the first to heal in his family, 200 years ago. The following is an account of some remarkable incidents connected with the lives of Shramananda and the other founders of his healing lineage.

As a boy Shramananda used to be very naughty, so he was tied up and left alone in a room, where he would alternately laugh, yell and cry. One night, he was visited by an old lady, and only he recognised her as Chamundra Ajima. He requested her to visit again and purified the room for her, performed her puja and bowed down to her feet. When she wanted to grant him a boon, he requested the mantra *siddhi* for healing and she used his blood to write the healing mantra in a scripture.

Following him was Dharmananda, then Chiridhan. As a young boy, Chiridhan used to go to Swayambhu Stupa daily for worshipping Hariti. One day, due to a heavy storm, he could only proceed as far as Chakupat, just outside of his own *tol*, where he lay on the ground in penance for not being able to fulfil his pledge (of going for worship to Swayambhu). Suddenly, he received the *darshan* of Hariti, who told him that from now on, he would not be required to worship her in Swayambhu, but her mandala which had also miraculously appeared, would serve as her *asan* for him to worship in Chakupat. The next in line was Lakshmi Jyoti, who predicted his own death and, as both his birth and death were on Lakshmi Puja day, that was considered an auspicious sign. He was followed by Pushpa Ratna's father, who was the first to have incorporated ayurveda into the tantric practice of *jhar-phuk*.

Having been trained in ayurveda by his father, Pushpa Ratna was deputed to work as Hakim, a government health official, in several districts. Unfortunately, though, he had to stop when he became blind and from then on could only practise at home. Apparently, his blindness which occurred at the age of 35, was due to a tantric curse. When the *baidya* had been deputed to Pharping, a small town just outside of Kath-

mandu, he became friendly with a couple who used to come for doing *jap* at the Dakshin Kali shrine. Since he was alone there, the wife began preparing his meals, so the husband became jealous and since he apparently knew tantra succeeded in blinding him gradually.

Pushpa Ratna believed that all of this had already been predicted by his grandfather, Lakshmi Jyoti, who had also said he would become a good healer despite his handicap. As neither doctors nor healers could find a cause for his blindness, they were unable to cure it. Thus, the healer felt it could also have happened due to his karma, that he was fated to be blind for half his life. The *baidya* had once successfully treated me using only *jadi-butti,* medicinal herbs, for a nervous condition he had diagnosed with astonishing accuracy, purely through *nadi* examination. On this basis and by virtue of extensive discussions held with him, his family members and other informants, he had impressed me as one of the last remaining, completely genuine *jhar-phuk/ghat baidyas*.

1.6. *Ganesh Maya Suwal*

For a mid-sexagenarian, this *deo-ma* is an impressive-looking woman hailing from the *Jyapu* community. Out of five sons and four daughters, only one son and his family reside with her and her husband in their simple home on the outskirts of Patan. With a lifestyle similar to that of a renunciate nun or sadhu, she wears only an off-the-shoulder yellow robe (yellow being the colour of the Buddha, as she avers), without a blouse or ornaments, allowing her intentionally uncombed hair to fall on her shoulders. Although she is a friendly woman who can be quite humorous, this does not, however, obscure her somewhat eccentric, capricious nature, especially since she considers herself to be "a woman with a mission", rather than a simple *deo-ma*, whose healing activities she considers secondary to the fulfilment of her own mission.

It is, for this reason, difficult to categorise her conclusively: in some respects she appears to be an ordinary *deo-ma* since she is periodically possessed by Hariti, either for healing

or making predictions. However, her possession is, unlike the majority of mediums, irregular and involuntary, and does not always occur for healing purposes. In fact, she believes that she originally became possessed not primarily for curing specific cases, but for healing in a more universal sense in order to "cure humanity of the growing disease of atheism, to propagate Vajrayana Buddhism and combat the variety of newer diseases, which have never been heard of before in mankind's history like AIDS." She is attempting this feat through her "mission", consisting in construction of a temple dedicated to Hariti Ajima's youngest daughter, Jilan Maiju, not depicted on her statue in her Swayambhu shrine. Significantly, the *deo-ma* on the Stupa, whose fame and renown she apparently emulates, is chiefly possessed while healing by the Hariti's youngest son, Jilan Bhaju, so that Ganesh Maya's own aspirations could be considered to mirror the former as a role model.

Her life history is similar to the majority of *deo-mas* encountered in that it is linked with possession having occurred originally in response to stress and deprivation. After marriage, she moved to Jochen near Durbar Square in Kathmandu and was compelled to live in an old, cramped Newari house with her in-laws. Since her husband, a police inspector, was away from home a lot, she had serious disagreements with her in-laws, especially since she had many domestic burdens and insufficient help or income to meet her needs. It was during this difficult period that Hariti first "came to her". Rather than feeling alarmed, she explained to her children that she would now be better able to feed and protect them since she had "become the goddess." It was then that Bhairav ordered her to construct a temple for Hariti's youngest daughter, who was similarly suppressed (according to the *deo-ma*, literally submerged beneath her mother's foot) as Ganesh Maya had been in her husband's home.

Until she succeeds in building the temple in the traditional Newari style, the Ajima has ordered her to maintain strict discipline and follow certain precepts like abstinence from rice, for example, in a similar capacity to Jamanaa Gubhaju. She describes the statue which will be made of Jilan Maiju, forming the temple's focal point, as follows: "One of her

hands is for holding rice straw (*chwali*), used in worshipping deities, another for holding a *patra*, a begging bowl (a Buddhist symbol of humility and contentment with what one has), in the third hand all humanity's troubles will be collected and the fourth will dispense *dan*, charity, to alleviate humanity's sufferings." Although obviously an idealistic and noble endeavour, the project is proving difficult to realise due to the enormous expense involved, especially in building a temple in the traditional Newari style. A committee has been formed, for this purpose, consisting of mostly high caste Buddhist Newar men, headed by Yadi Ratna Vajracharya, whose interest as he averred, is chiefly in reviving the ancient art of (Newari) temple construction.

1.7. *Dharma Kumari*

The former Patan Kumari who is Vajracharya by caste (in contrast to the Kathmandu Kumaris who are all Shakyas), was 43 years of age in 1995. She officiated as Kumari from the age of two until 41, which is very unusual since a Kumari is normally replaced once she menstruates or exhibits any other disqualifying sign. However, in this case, her family had claimed she had never menstruated, which they still aver is the case. Although she has recently been replaced by a young girl, she nevertheless continues to live out her Kumari role in her home in Patan's Mangal Bazaar. She is still regularly worshipped in this capacity by her brother, dons the Kumari ornaments given to her by the king, and sits on the Kumari throne in full regalia.

Dharma Kumari's dignity is perhaps enhanced by the fact that she neither speaks to nor looks at visitors, only nodding or shaking her head to express agreement or disagreement when her mother speaks for her. She leads reclusive life since she does not venture outside and spends most of her time in meditation, in order to maintain the Kumari's *siddhi*. The family feel she is still being possessed by the Kumari's spirit and thus she can, like the *deo-ma*, be considered a medium for this particular goddess, who is also an Ajima. However, as she has officially been denied this role, she has increasingly

turned towards healing. For example, upon my last visit, her mother indicated that the ex-Kumari was in the process of curing her younger brother who has been deaf and dumb since the age of seven, thought to have occurred due to his periodic possession by the Akash Bhairav. Alluding to her capacity as a tantric healer, her elder brother indicated that having a Kumari in the house prevented malignant spirits and supernatural forces from afflicting them. Therefore, from the family's viewpoint, it is obviously beneficial to keep Dharma Kumari in what appeared to me as a fairly sad condition since she is being deprived of what would normally be considered is required to lead a normal, happy life. Pavitra Bahadur Vajracharya said he feels it is a privilege for a girl in Newar society to lead this kind of life which he likened to that of a nun. The difference, however, is that the woman patently had no choice in the matter and must, in any case, reconcile herself to her fate.

In conclusion, it must be noted that Newar healers generally regard the Kumari as their patron deity, giving protection from evil forces which could otherwise impede their practice. There is even a tradition for Kumaris to act as healers, although in a limited capacity. Michael Allen indicates that the Bungamati Kumari is known for curing haemorrhages, for example, which is also within Dharma Kumari's purview of healing. Women suffering from menstrual disorders and chronic vomiting, linked perhaps with anorexia, seek her out and she is also known for her divinatory activities, having predicted the present king's grandfather's demise when she was only two years old. What serves to underline these abilities, i.e., divination and healing, is the fact that the Patan Kumari is actually said to be the more powerful of all three Valley Kumaris, Pavitra, according to the Patanese informant, who had provided the introduction to the ex-Kumari.

1.8. *Mukta Raj Vajracharya*

Since this man was deemed representative of the Buddhist Newar tradition of tantric healing *par excellence*, it was decided to present his interview transcript in the appendix. I

also chose to give a more detailed documentation of this man since I felt that due to his humility, straight-forward and honest manner, lacking in the majority of this category of healers, he practised what he preached especially in regard to the fulfilment of Buddhist ethical precepts.

2. HINDU HEALERS

2.1. *Mathura Bhakta Pradhananga*

At the age of 76 in 1995, Mathura Bhakta was one of the oldest healers in the survey, although devoid of any sign of senility or a lack of mental alertness. He resides in Thapagaon in Naya Baneshwor, a newly developed residential part of Kathmandu, although his ancestral house is in Thimi, an ancient Newar settlement near Bhaktapur. The healer belongs to a sub-caste of Shrestha and is a *jhar-phuk* and *ghat baidya* of considerable renown throughout the Valley, with a well-deserved reputation for moral uprightness, compassion, honesty and a lack of greed - despite the strong tantric shakti he is considered to possess. He is singularly sympathetic, in addition, to the plight of the poor and underprivileged sectors of the population and likewise, critical of the wealthy and arrogant sectors: "When I administer treatment to the poor, they always remember the favour done for them, whereas the wealthy forget about it after only one day...When rich people eat heartily at a feast, people will admire their healthy appetite, but in the case of a poor person, they will deplore their gluttony." Especially observations of this type, which have become the healer's trademark, endeared him to me and to my assistant.

In common with many other Hindu healers, Pradhananga was not born into a lineage of healers, but developed interest in ayurveda at the age of only 14, out of a wish to help alleviate suffering. He pursued his interest initially through studying Nepali to learn the ayurvedic *shastras* under Kul Bhopal Malla in Bhaktapur. Then at age 16, he met his guru, a 'Mahatma', a mendicant Hindu holy man from the famous shrine Swarag Dwar in western Nepal, against his father's wishes.

Under his training, he learned the technique of blowing curing mantras onto a patient, *phuknu*, although he rejects sweeping, *jharnu*, since he believes the latter to derive from *jhankri-vidya*, hill shamanism. Like the majority of Hindu healers he avers that his own knowledge derives exclusively from Shiva. *Phuknu*, utilising one of three mantras, is so powerful, he stated, that it can even cure paralysis if the patient seeks help in time. The healer mainly employs three mantras, one to counter *bigar*, another against *mohini* and the third against the *bhut-pret*, comprising, according to the healer, the majority of supernaturally caused ailments. It is significant that he also worked as a compounder in a TB hospital for three years, and thus, had grown accustomed to administering allopathic medicine, which he combined with ayurvedic and tantric healing. However, he contends that today the quality of allopathic medicine has deteriorated so much that he no longer administers it.

In recounting his history, it becomes obvious that the healer had initially developed contempt for the rich and decadent due to his own association with the Ranas:

> *My father had strong links with the Ranas in the past since he himself was a rich property owner, so I used to act as baidya for the Rana families of Phora Durbar, Lal Durbar and Santa Bhavan (palaces). Due to incest, there were illegitimate offspring and they requested abortions, which I refused to perform. So they stopped coming to me for treatment. I believe that this is how their power collapsed—due to their immorality. When that happened, the power of some prominent baidyas also collapsed. Previously in Bhaktapur the famous baidyas were Jana Tara Nath, Jagat Man Baidya from Itum Bahal and Kanchan Baidya from Bhimsensthan. The latter was very wealthy, but committed sinful actions and thus misused his knowledge, so he consequently lost his healing power. He was terribly greedy, so he performed abortions for money and was even known to cast the spell of mohini for financial gain. Besides these, the most sinful acts for a healer to do are those which can harm others, like*

abortions, spoiling a relationship amongst friends, and creating conflict in a family (done by spreading ash from the masan in the house), to prevent their progress. A healer must also avoid greed and treat poor patients for free or only for very little money.

He stated that he is mainly known for his ability to cure *mohini* cases through *phuknu*, the symptoms for which are lack of concentration which is detected through *nadi* examination. In this case, the patient seeks to leave the house, gets annoyed for no reason and refuses food. The husband suffering from it may bring a second wife home and in that case, the first wife will seek out the healer to counteract the *mohini* believed to be the cause. When asked as to the reason he desists from performing witchcraft exorcism he related an interesting story about a family wishing to know the witches' identity, who had hired a total of four *baidyas* for that purpose. One of them shaved an eyebrow of the possessed person, said to have only effected the actual *bokshi* who, when confronted, claimed it had been due to a cooking accident. After six months the same *baidya* who had identified her went back to the family's place and met the *bokshi* by chance. After he exchanged some words with her, he suddenly keeled over on the doorstep of the victim's house, vomiting blood. Since he then expired without apparent cause, everyone said it had been done by the *bokshi* whom he had previously implicated. Therefore, desite having proceeded against her, the healer in this instance obviously proved no match for the *bokshi's* tantra-mantra.

2.2. *Raja Dyala*

Affectionately known by the nic-name 'Bhai-Dhai' (younger-elder brother), Raja Dyala would appear to be one of the most frequented healers in the Kathmandu Valley. This can be judged by the number of people, mostly females, who can be seen queuing up outside of his tiny practice room in his house in Lagankhel, Patan, on any morning of the week. It is significant that, since he belongs to the Newar sweeper caste of *Pode*, he is believed to possess stronger tantric ability to combat negative supernatural forces than higher caste healers.

In addition, he officiates as *pujari* at the Batuk Bhairav temple near his home, acting to intensify his tantric powers.

As recounted by the anthropologist Prem Kumar Khatry, in the Tantric Age, the *Pode* started to build small temples at cremation grounds housing dangerous and powerful tantric deities. They knew how to propitiate the *masan-bhut-pret* hovering there and also at those at temples located at isolated spots. With time, members of this group were made responsible for puja performed at these Ajima shrines, so that even higher caste people started to accept *prasad* (sanctified offerings) from them. In their early history, the *Pode* were supposed to have been followers of some extreme Shaivic cults like the Aghora - sadhus clothed only in ash reputed to conduct dangerous *sadhanas* at the *masan*, said to include the consumption of flesh from the corpses brought there.

The Pode have a long history of association with Shiva and Shakti cults, Bhairav and Bhairavi. They were, with time, made responsible for the Indrani temple and Bhimsenthan facing Pashupatinath as it was thought that only they possessed the requisite *shakti* to propitiate the dangerous tantric deities lodged there. Thus, the Pode came to reside close to the river and to these kinds of shrines (on the peripheries of settlements) and became responsible for giving information about a death, besides preparing the corpses to be cremated. In this way, they developed hereditary relationships with both Hindu and Buddhist Newar families for performing this task and were given goods in compensation. However, nowadays *Pode* are increasingly reluctant to prepare cremations any more since it reaffirms their impure, low status and those who still do so often demand higher fees in compensation.

In regard to his personal background, Bhai-Dhai, who is an extremely friendly, honest and self-effacing man in his early sixties, recounted how his mother was killed by a relative reputed to be a *bokshi* when he was only three years old. In consequence, he was "donated" by his father to a Rana palace where he worked as a servant, but even then managed to obtain some education. He learned a healing mantra from a Gurung *jhakri* already at the age of eight, which he recited

using a *mala*. His other guru was a Tamang *jhankri*, both of them from the surrounding hills. As he believed the witches were banding together to eliminate his father as well, he had the fervent desire to practice tantra for protection against them and to save his father's life. Finally, he engaged in a tantric battle with the *bokshis* and thereby received the blessing to practice tantric healing. Until his recent retirement he was engaged in a hospital, operating machines in the operation theatre. Thus, he is not opposed to allopathic treatment and will readily refer patients to a doctor or hospital if he deems it necessary.

2.3. *Narayan Prasad Adhikari*

Known simply as "Guruba", this Bahun healer in his early fourties comes from a village in Nuwakot, although he originally hails from Dhading district. At the time of research, he was residing in a residential part of Kathmandu called Kuleshwor, although he later moved to his own house near Kalanki Chowk where he presently resides with two wives, the second of whom he married only in 1996. His first wife indicated that they had married when she was only eight years old and especially since she has no relatives in the Valley who could provide her succour at this difficult time, was greatly perturbed by his second marriage to a much younger girl. Since the first wife is neither insane nor has failed to produce progeny (they have two sons)—both considered grounds for polygamy in Nepal—there was no reason which could be construed as 'legitimate' for taking a second wife.

The healer who is a charismatic, handsome man with sharp features and a humorous temperament claims to have started healing at the age of only 12, when he first became possessed by Shiva. In a dream, the god had ordered him to engage in curing and he received the empowerment for healing in this way. Guruba says that he had no guru as such, but only performs puja for his *mul-guru*, Shiva, each morning. Most of his patients who represent a very mixed group - many of them migrant like himself from rural areas - suffer from either nervous or mental problems due to drug or alcohol addic-

tion, or from *chopne*, manifested through trembling, as they are thought possessed by a witch, spirit or deity.

Formerly the healing sessions were held in a dingy room where the healer sat at one end on his *asan* surrounded by pictures of Hindu deities. His shrine was on his left featuring some Buddhist implements like a bell, a *vajra*, (both presented to him by patients, as they are normally outside the purview of a Hindu healer), a *rudraksha mala* (used by Shiva), a scripture he calls his *grantha*, rice which he uses liberally in healing and his 'famous' *bokshi lathi*, his witch-exorcism staff. In that set-up it was possible to witness many cases of witch possession and exorcism, effected through the liberal employment of his staff with which to beat the witch into submission. It became obvious to me that the *chopne* syndrome cuts across class and caste boundaries, though most sufferers tend to be younger and middle aged females below 50. When asked as to whether or not foreigners are also possessed by the witch, Guruba replied: "Yes, I have even treated them, but in these cases, the *bokshi* is also a foreigner...it isn't necessary for the client to believe in them for me to exorcise them. In the West, people usually can not recognise witches, but here, especially if you are a tantric healer, you can recognise them by their shadow."

2.4. *Ram Chandra Paudel*

As the only actual astrologer (*jyotis*) included in the survey, this charming *Bahun* gentleman of around 40 years of age comes from Kathmandu itself and normally practises in a tiny hut facing his two houses in a pleasant location in Bansbari. His family have been astrologers for the past three generations. The usual way to embark upon this profession which includes healing in the manner of a conventional *jhar-phuk baidya* is by studying Sanskrit, as Mr. Paudel indicated he did for a minimum of five years. The overlap between the two vocations also becomes apparent by virtue of the fact that the *baidya*, as indicated, usually also practices astrology and can, in fact, be known for his expertise in this science, too.

In terms of ideology as well, healers have, in the present survey, often professed that the fundamental reason for the occurrence of supernatural complaints is due to the victim's weak planets rendering the latter vulnerable to these kinds of afflictions. Thus, the chief method of treatment, the *jyotis* indicated, would be to first pacify the erring planet, and only then exorcise the supernatural agent troubling the patient using the conventional tantric methods. According to the theory of planets, there are nine planets and amongst the seven most important ones, one is for each day of the week. Each planet is linked with a deity, male or female, and if a planet is not in the right position or "weak" (*graha-dosa*), it is thought that it is not acting in consonance with the wishes of the deity. This condition must be rectified by the performance of a puja to the particular deity governing the respective planet. For sentient beings, the *jyotis* must find out through their species (human or animal) and *rashi* (horoscopic symbol) which planet the being is governed by, although in the case of human he avers that they can be governed by more than one planet. Only a skilled astrologer can discover a certain planetary position causing the problems, not an easy task as the planets are constantly in motion.

2.5. *Siddhi Gopal Baidya*

Perhaps the oldest healer in the survey (aged 89 years in 1995), this high-ranking ayurvedic practitioner or *Kaviraj* lives in Patan, near Mangal Bazaar. He is a widely renowned *baidya* with patients from all walks of life, including some foreigners. He hails from a long lineage of 21 generations of *raj* or royal *baidyas*, and is a master of both kinds of ayurveda, herbal (*aushadi*) and non-organic (*raushadi*). As he was married twice, he has a large family of eight daughters and six sons. It is deplorable, however, that the only son studying to take over his father's practice does not appear to have inherited his father's qualities of erudition, spiritual charisma and expertise in this science of longevity. However, several of his daughters are knowledgeable in the field, since they have grown up helping their father administer and prepare the prescriptions.

The *baidya* is extremely affable and appears younger than his years. When he speaks at length, it is astonishing to witness his vigour and mental alertness for someone of his age. In fact, visiting his home and practice is a therapeutic experience in itself due to the peacefulness of the atmosphere and the healing power emanated by the *baidya* himself. His daughter related that he practises meditation regularly and obviously has no difficulty adhering to all the demanding rules and regulations which in ayurveda govern one's diet and overall lifestyle. In the course of our discussions, I was usually served a cup of the excellent herbal tea which is the *baidya's* own production and is being exported.

Siddhi Gopal related that he had "learned healing from his mother's womb" and amongst all his brothers, only he is still practising. He studied all six tantric techniques, one of which, *paustik*, refers to healing. He believes in practising both branches, the medical and tantric together, although he rarely employs *jhar-phuk* as such. The techniques which he favours are rather concentration of mind, puja, *path* (reading of scriptures), mantra and some rituals which his tantric initiation empowers him for. In response to the question concerning the difference between the Hindu and Buddhist healing traditions, he related: "Ayurveda is one, there is no such thing as a separate Hindu and Buddhist tradition. Even in *jhar-phuk*, the mantras used are chiefly dedicated to Batuk Bhairav, Kali and Bhagwati (the Ajima). The only difference is that the Vajracharyas add *'Om Vajra'* in the beginning or some other Buddhist phrase."

2.6. *Govinda Bahadur Rajbhandari*

The transcript of this healer has been reproduced in the appendix as he was deemed to be a tantric healer *par excellence* in the Hindu (Newar) tradition. The unusual attribute of this man is that, despite his eccentricity, he was extremely frank and open when it came to recounting his personal history and went into considerable detail about cases treated and methods of healing.

2.7. *Ratna Devi Maske*

The *dco-ma* was selected as the only female healer whose extensive interviews were included in the appendix since it was felt that she was fairly representative of the majority of healers of this kind. Besides, it was fairly easy to converse with her, as she was not as difficult to deal with as compared to many female mediums I had met who tended to be capricious and placed many restrictions on the kind of information they were prepared to divulge.

3. MONASTIC HEALERS

These healers derive their inspiration from the traditions of both Mahayana (Tibetan) and Theravada Buddhism, with the exception of one Sufi Muslim healer. Although, in the present survey, all others are Buddhist, this is not to imply that they have no Hindu counterparts. In fact, the latter does exist in the form of the renunciate sadhu, Hindu holy person who may either operate out of an ashram or be a mendicant and practise healing as a side-effect of his or her spiritual vocation. An example of this category is the Chobar Ma, a charismatic, elderly woman with matted hair who divides her time between her ashram on Chobar Hill on the way to Pharping and an ashram in Ilam, the tea growing district in the far eastern region of Nepal where she was born. Since a characteristic of these kinds of healers is that they have no defined method of treatment, the "Ma" or holy mother only heals through the application of her shakti. Although requiring numerous and lengthy sessions, the cure may be for that reason, more lasting and effective than the relatively quick treatments most tantric healers administer. Amongst the monastics in the present discussion, two are lama healers in the Tibetan Buddhist tradition and another, though not a monk as such, was a disciple of a Tibetan shaman who may have incorporated some techniques deriving from the pre-Buddhist Bon tradition. Rooted in the Theravada tradition is a group of four disciples of a guru, a Vajracharya by caste, who is now deceased.

3.1. *Jagat Prakash Hirachan*

Of the two Lama healers, this venerable monk is a Thakali, an ethnic group from Mustang in northwestern Nepal who practise Tibetan Buddhism. Originally hailing from Thakhola in western Dhaulagiri zone the monk is, at around 80, the more aged of the two. Though giving an impression of relative infirmity since he is partially blind, this does not, however, seem to have impaired his healing ability, judging from the renown he enjoys amongst the residents of the area and all over the Valley. A gentle, modest personality, he resides in his own monastery near Swayambhu where he also performs healing. His ability derives from his practice of Adi Yoga, a practice which, he indicated, "can lead one to *samadhi*, in which one feels like a Buddha." When questioned about his healing practices, he related:

> *I just need to visualise Guru Rinpoche when I am healing for protection from evil spirits, witches, etc. The mantra I use for that is Om Maha Guru Padma Sambhava; it is so powerful, it can even make rain or hail stop. If you have a strong siddhi, then even if you take poison, it will not effect you. I employ dhyan and use visualisation in healing. When you have realised emptiness there is no more belief in or fear of bokshis; you realise it is all in your mind. Our body is made up of five elements and illness is mainly due to their imbalance and to excessive attachment. Suffering often occurs due to past karma. For example, when people lose faith in dharma and refuse to give any more donations to the poor or gain merit, that also results in illnesses, especially so-called supernatural ones, without any immediately perceptible cause.*

3.2. *Gelong Wong Dui*

This lama is a Tibetan going under the title of Gelong Wong Dui, a name given to him by his Sherpa followers. The Gelong (a word meaning monk) is in his early sixties, fat and jovial, full of the quality of *bodhichitta*, loving kindness,

which is helpful, especially when dealing with patients requiring psychological affirmation. Exuding loving kindness on a healer's part positively acts to predispose the patient to being healed by producing a sense of overall well-being and promoting a positive sense of self which the latter may be lacking. The setting is also conducive to healing since Wong Dui's quarters have a monastic atmosphere, his healing room is large and well lit, full of Buddhist holy objects, in marked contrast to the small, often dingy rooms in which many Newar healers still practise. Upon entering, one is escorted to one of the seats which ring the room, the attendent offering complementary tea and biscuits. This warm welcome naturally also serves to strengthen a feeling of comfort conducive to the healing experience. It was interesting to see a poster of the Hindu god Ganesh on the wall, whose healing qualities the Tibetans, according to the Gelong, also recognise. In fact, many Hindu deities are given Tibetan names, he indicated, with Ganesh referred to as Chota Langna or the Sanskrit Ganapati and Shiva as Wangchuck Chembo. According to the healer, the founding father of Tibetan Buddhism, Padma Sambhava, is also considered Shiva's incarnation.

Besides healing every morning of the week (whereas most healers will take one to three days break per week), the lama is engaged in performing lengthy pujas at people's homes, businesses or factories. These are requested by his followers when they wish to improve their business prospects, have built or moved into a new house or factory (usually for producing carpets) which they would like him to bless and drive out any evil forces, or for improving their luck generally. Thus, it is hardly surprising that the lama is always busy, with little time for conversation. When I interviewed him, my Tibetan translator spontaneously donated 500 rupees, making me feel the lama might possess a special *siddhi* for inspiring people to donate large amounts of money in the belief it may increase their merit or their own fortunes—an impression strengthened when observing the amounts donated at a healing session.

Gelong Wong Dui has resided in Nepal since 1959, the year of the Chinese take-over of Tibet, when many Tibetans were offered refuge in Nepal. A considerable number who fled

penniless have now prospered, much to the resentment of Nepalis who are witness to their going from rags-to-riches, mainly facilitated through the carpet industry. The Gelong is said to be the reincarnation of Palding Kyabchen Tulku of Porong in Tibet, but was not recognised as such due to political and economic considerations since he comes from a relatively poor, uninfluential family. He instead gained recognition as a *nagspa*, a tantrically or yogically adept lama and employs *siddhis* primarily in healing and in divination (*mo*), having been ordained thus by his guru, Napta Rinpoche. The system of healing employed by both lamas is similar to that conducted by the *gubhaju* deriving from the Vajrayana system, in Stablein's terms, of ceremonial medicine.

3.3. *Yog Ratna Vajracharya*

The contribution of Yog Ratna Vajracharya who died prematurely in 1966, was to elevate the healing tradition of his forefathers on to a more respectable plane, devoid of elements of sorcery. Since, in Yog Ratna's persona there was no trace of this element, he could inspire other respectable, high class people like himself to practise healing out of a pure motivation, with no thought of material gain or any element of the lower forms of tantra, despite the fact that they treated supernaturally caused afflictions. This appears to have been his greatest achievement, for which he is still remembered and revered today. The main inspiration for this was Yog Ratna's immersion in response to suffering he experienced upon his father's early demise, in Theravada Buddhism. Since his father had prospered from trade with Lhasa, there was no material compulsion to engage in economic pursuits, so that Yog Ratna could devote himself to his spiritual pursuits full-time.

Yog Ratna ultimately sought to facilitate self-healing through the teaching and practise of a monastically inspired form of (Theravada Buddhist) meditation. The accompanying discipline entailed strict vegetarianism, celibacy, abstinence from intoxicants and the practise of austerities. His disciples, unusual as they included a nearly equal number of males and females, were mainly recruited by virtue of having benefited

from his healing. They were then inspired to adopt the precepts and meditation system for their own continued protection against supernatural afflictions. Initially, they also wished to help alleviate the suffering of other victims of these forces.

In the course of time and with his growing fame, Yog Ratna found that the excessive popularisation of his healing system was not feasible, so he began to discourage his disciples from healing others and restricted his own healing to only close disciples. Apparently he discovered, as the Buddha had before him, that professional healing tended to compromise the purity and selflessness which had formed the basis for the disciple's healing shakti. The other drawback was that his disciples were, in Yog Ratna's opinion, investing too much energy in healing which should have (according to Theravada Buddhist precepts) been going towards the attainment of enlightenment. It is only Mahayana Buddhism which propagates the simultaneous elevation of others, and even the deferment of one's own attainment of enlightenment until then. Thus, it is perhaps not accidental that this form of Buddhism developed a stronger healing tradition than the older, Theravada tradition.

3.4. *Vidya Bahadur Vajracharya*

Although of Vajracharya caste, Vidya Bahadur emerges as a self-styled, highly eclectic tantric healer who bases his techniques on the teachings of a Tibetan lama healer with whom he studied healing for a total of 14 years under maintenance of near-monastic precepts and lifestyle. Although the lama is a mendicant, Vidya claims he is always psychically in contact with him and that he continues to absorb, in this way, his healing shakti. The man is also unusual in being highly articulate in English and in having an M.A. degree in Economics, rendering him perhaps the most highly educated, in the modern sense, of healers considered. A soft-spoken man in his early 50ies, he peers hawkishly out of his thick glasses, while giving the impression of being exceptionally honest, especially for someone in this field. However, that may be due to his position as an outsider requiring allies — contending his guru

has encouraged him to write about his healing system in English. Unfortunately, he has managed to alienate most of his relatives, who are as educated as he is and thus highly critical of his "hobby." One reason they are so dismissive of his activities, is because he pursues them entirely altruistically, without remuneration, which he positively eschews.

Vidya Bahadur's healing system is striking for its complexity and intricacy of techniques, almost ritualistic in methodology, giving credence to its deriving at least in part from Vajrayanic Tibetan Buddhism. Unlike the Tibetan Buddhist practitioners who make no secret of their mantras, he refuses to divulge the mantras taught to him by his master, although it is unclear whether this injunction in fact emanates from the latter. Although the healing system integrates aspects of Bonpo shamanism, it is devoid of its main technique which I witnessed in Boudha being practised by a female Tibetan shaman wont to savagely bite and suck out the impurities from her patient's bodies. Vidya Bahadur's method, contrariwise, is known for its gentleness, even though he deals preferentially with what he considers the most malignant of supernatural forces, witchcraft. He believes strongly that a witches' identity must be known in order to counter her effectively, giving the example of a woman who appeared to be very pious, visiting Buddhist shrines and repeating the *pancha sheel* Buddhist precepts loudly for all to hear. Since outwardly she was so religious no one believed she was a witch, so in the healer's words, she could make people suffer with impunity. In the course of conversing with the healer, one is immediately impressed by the creative flair of some of his techniques:

> *I use flowers, especially jasmine and roses; when indigent people (especially women) suffer from mental distress and become mad, I give them red rose petals in which seven (a mystical number) grains of maize are wrapped, to be eaten on seven consecutive days. If their problem is mainly physical, then they will be cured by this method. Sometimes I use a pair of pigeons and bind them with the [tantrically empowered] black thread. The patient's problems will enter them and when I release*

them, the patients will also be freed from their problems.

3.5. *Hassan Khan*

This mild-mannered, wizened gentleman of around 70 wearing a Muslim skull cap speaks fluent Nepali and even Newari. This is because his family has been residing in Patan, near the Bhagmati River at Sankamol since their migration from India about 50 years ago. He used to pursue his family profession as a seller of glass bangles and ladies' scarves, an occupation which most Muslims in Patan still do. Since his retirement, he only lives in two rooms in the basement of a newly constructed mosque in the same area. While discussing with him in one of his tiny rooms, he indicated that he had been practising healing for the last 35 to 40 years. He comes from a lineage of healers designating themselves *maulvi-baidyas*, although the Muslims now refer to him as "Haji-Sahib", since he recently went on Haj, the pilgrimage to Mecca. Hassan Khan only performs *phuknu* and not *jharnu*.

In a similar capacity to the Pode healer, Muslims in the South Asian context are widely considered tantrically empowered because they are said to do everything in reverse (*ulta*) to the normal Hindu and Buddhist order. When questioned, the healer offered his own explanation, attributing his healing power to the fact that he regularly goes on retreat in which he performs what he terms "45 days of devotion". During this period he desists from the consumption of meat or drinks. After 28 days of practising *jap*, the practitioner will start shaking as a sign of the intensification of his healing shakti, which he needs to recharge from time to time. Although he is Sunni, upon questioning he admitted to belong to the Sufi order, a mystical branch of Islam known for its comparative absence of orthodoxy, along with open-mindedness when it comes to (heterodox) practices like healing. This has undoubtedly acted to facilitate his engagement in the art of tantric healing, as tantra as such is deemed beyond the purview of the Muslim faith.

Chapter 6

Catalogue of Healing Techniques and Materials

The various techniques employed by healers are being discussed in this chapter in order of relative importance, along with the materials relied upon. This is not intended as an exhaustive survey, but only to highlight the most frequently used materials and the more common of the healing methods resorted to by tantric practitioners. The methods are comprised of mantra, *jhar-phuk*, *nadi*, puja and *jantra*.

Mantra

The recitation of mantras is the key to tantric healing and also an integral part of *jhar-phuk*. Most Newar tantric healers are reluctant to divulge the mantras they employ because they are being passed on from guru to disciple and are considered to be the "property" of a particular lineage. Some healers, however, gave certain indications about what kind of mantras they employ or at least as regards their usage, so that it was possible to differentiate in most cases between Hindu and Buddhist mantras. On the whole, those healers emanating from Buddhist monastic tradition were not reluctant to divulge their mantras. Another exception was the Muslim healer, Hassan Khan, who recites the "mantra" he normally employs while healing, *Bismillah*, audibly. Since his "mantras" are all from the Koran, there is no secret involved, he indicated, in their recitation.

What all healers have in common is their practice of *jap* irrespective of mantra employed, in this act of continued loud or silent repetition. As stated by Pandit Asa Kaji, the practise of *jap*, especially during a prolonged period like a retreat of a week to a month, enables the practitioner to gain the requisite shakti necessary particularly for dealing with possession cases. This is the reason he said male healers are traditionally stronger than females, as the former tend to practice more *jap*, he opined, than the latter.

Regarding the specific mantras employed, Siddhi Gopal Baidya said the mantras he recited were dedicated to Batuk Bhairav, Kali and Bhagwati and explained the link between the recitation of mantras and the attainment of *siddhis* as follows:

> *Whoever can recite more becomes a stronger healer and whoever does much jap gets more powerful and develops more siddhis. There is really no question of Hindu and Buddhist in this matter. The development of the mind has five stages, ranging from the innocent, childlike through to the start of self-knowledge, concentration and finally achieving samadhi or nirod. However, the last stage is the preliminary to enlightenment and is also divided into two phases: the sarba-brithi nirod involving the visualisation of the deity. Then while practising jap, only the mantra remains and one is slowly enabled to reach the second phase, that of daya-thirtha nirod, oneness with the deity with no self remaining, the ego is dissolved and not even the mantra remains. To attain siddhis you must reach the last phase through jap and then you can gain the fruit as a result of the practice: good health and income, harmonious life, healing power and the power of convincing others—all this happens as a result of the attainment of siddhis.*

Govinda Bahadur Rajbhandhari said he employs *stotras*, laudatory hymns and mantras mainly to appease the deities, for healing or when a patient is possessed by a deity. He also uses it to appease the spirit he feels is omnipresent, Kancha

bayu, in conjunction with performing *jhar-phuk*, and for specific problems he employs the respective mantras. For curing impotence he recites the mantra of *Lingu Bhairav*, for overcoming drug addiction, a mantra on Datura Mahadev (Shiva smoking hemp) and against blindness he performs *jhar-phuk* using a human bone piece while reciting a mantra. Each part of the body is thought to have a corresponding mantra recited in the context of *nyasa*. However, according to Ratna Raj Vajracharya, its recitation must be combined with the usage of herbal medicine to enable him to heal the affected body part. Others, notably Pradhananga, identified three chief mantras for tantric healing: one to reverse the *bokshi's bigar*, another against *mohini* and a third against evil spirits. He also said that in order to be a good healer it is necessary to have compassion, strengthened through *jap*. Some practitioners said they consider the counteraction of *mohini* to be the most important task they performed, indicating that this phenomenon must be very widespread in Nepalese society.

Raja Dyala divulged that he had been given a special 'healing mantra' by his first guru, a Gurung *jhankri*, and that he learned five different mantras for treating possession by a witch. The first is to pull her into the victim's body, the second is to force her to confess the reason for her troubling the victim. The third is to make a boundary so the witch cannot escape from the body and the fourth, to exorcise her from her victim's body. The fifth mantra is then used to negate the witches' power. Guruba recites mantras loudly and continuously throughout his practice which are taken from his *grantha*, the holy book he also uses to give blessings by placing it on a patient's head. He stated that the healer and *bokshi* share the same mantra and especially male healers he feels, have only slightly more power than the *bokshi*.

An interesting account was given by Ram Chandra Paudel of methods employed to propitiate the planets gone awry through, for example, wearing certain colours (as each of the nine planets is associated with a certain colour) and doing *jap* to that planet: "Each planet emits certain rays and we also do the same. The planetary rays and our rays may clash, bringing us misfortune, so the *jyotis* can apply some mantras and

colours to ward off the influence of the negative rays or prevent them from clashing." Another application of the technique of reciting mantras at which *Bahuns* are adept is to disintegrate the *lagan* (supernatural force field). According to the *jyotis*, this is done symbolically through intense concentration and visualisation, by gathering the *bigar* through *jap* and then tantrically "exploding" it into particles, purely effected through concentrating one's mind.

Though Buddhist healers are more forthright about naming the mantras they employ, as they are mostly taken from Buddhist scriptures, accessible to anyone and not secret. There are still some mantras, notably those involved in *masan* practice, which even these healers were reluctant to name. Mukta Raj Vajracharya said he uses the *Shri Hariti Dharani Stotra* to ward off unnatural death and accidents, and for the general alleviation of suffering he advocated the recitation of the Buddhist scriptural prayer, the *Pragya Paramita*, 'the Perfection of Wisdom'. Gellner indicates that this text, being kept in Patan's foremost Buddhist shrine Kwa Baha, for ceremonial recitation is considered an emanation of Tara by Newari Buddhists and its ceremonial reading most frequently resorted to in case of illness. Significantly, he compares the ritual and beliefs surrounding this text to the cult of Hariti (comp.1997).

The Nepalese Lama Jagat Hirachan said he relies only on the Guru Rinpoche mantra for healing, coupled with the practice of meditation and the visualisation of Guru Rinpoche. The Tibetan Lama, Wong Dui, was the most forthright about naming and explaining the mantras he employs in healing, stating they mostly relate to *idams* (deifications) of the wrathful forms of Chenrezig and Avalokiteshwara (Buddhas of Compassion) saying, "I must perform *jap* to invoke the deity to empower my breath."

Mukta Raj contends that in tantra there are ten basic mantras applied in different cases which one learns while doing *jap* at the *masan* to evoke the *bayu* to give the *siddhi* for healing. This practice, he said, has the advantage of being open to anyone, irrespective of caste and *diksha* (initiation),

although others felt it was less suitable for women as it involved long stretches of *masan* practice at midnight entailing possible encounters with the *bokshi*, not to mention spirits. Ratna Raj attributed the main reason for the deterioration of the Vajracharya's system of healing to inhere in the *guruju's* failure to transmit the correct pronunciation of the mantras, since they fear the students may surpass their teacher. This same healer claimed that he had mastered the mantra used in *indrajal* (creation of illusions) which could, for example, make him disappear. When challenged to demonstrate this art he, refused alleging that if he did so he could easily be accused of theft if anything was consequently missing in the neighbourhood. For maintaining his *siddhi*, the *guruju* indicated that he often spends the night in various *matrika* temples practising *jap*, demonstrating thereby the strong link between Hindu and Buddhist tantric healing traditions, since the fierce manifestation of the mother goddess comprises the focal point for both kinds of healers.

Jhar-phuk

Considered the tantric method *par excellence*, the employment of *jhar-phuk* is believed to be capable of encompassing all kinds of complaints ranging from the purely physical through to the supernatural. The significance of the *phuknu* or blowing part of this technique (considered more important than *jharnu*, sweeping) is linked with the attribution which the breath has in Hindu-Buddhist spiritual ideologies. Control over one's breath is considered tantamount to control over the mind and therefore through this technique the direct transmission of mental powers to facilitate healing is considered possible. The *jharnu* or sweeping part derives from shamanism and thus this technique can be seen to perfectly combine both "great" and "little" traditions, in Robert Redfield's terms (comp.1955). Significantly, all categories of healers in the Nepalese cultural context employ this technique, although in the present survey most of the monastic healers did not use it, notably the Patan Kumari, the Lama healers, Vidya Bahadur and Yog Ratna Vajracharya.

Pradhananga and Dev Swami mentioned that they only did *phuknu*, blowing on mantras, but not *jharnu*, sweeping off the bad influences. Dev Swami said that in the process of blowing the mantras over a patient's body, feelings or vibrations are transmitted which in turn act to render the mantras powerful enabling them to change the body's energy force from negative to positive. The fact that Pradhananga refuses to employ *jharnu* alongside *phuknu* is indicative of what is felt necessity on the part of some Valley healers to demarcate themselves and their practices from that of hill shamanism.

The procedure for *jhar-phuk* in general does not vary much as the healer normally takes a hand broom (*kuco*, made of reeds) with which the latter "sweeps" the air before the patient sitting in front of the healer's *asan*, while repeating mantras which are blown on the patient at the same time. In some cases, the healer actually strikes the patient with the broom on the latter's head, shoulders or back. The mantras may, alternatively, be blown into the air and occasionally, a healer will suck in the air in front of the patient, reciting mantras at the same time. This is done in order to attempt to gauge the nature of the troubling agent and tantrically extract the negative force from the patient's body. This could also be interpreted as representing a variation on the shamanic practice of literally sucking the effected part of the body to extract the *bigar*. Variations enter into the composition of the broom, which may either be a smaller version of an ordinary reed broom used for sweeping the floor or in rarer cases, it may be composed of wild twigs or bamboo reed. Many, especially the so-called "God healers" may put a peacock feather into it, as even amongst shamans the peacock feather is liberally employed, most notably in their ceremonial headresses. Ratna Kaji explained using a broom to be a sign of creation as Brahma, the creator, held one for this purpose. He further said that peacock feathers are desirable because they are considered holy, as they are part of Krishna's head-dress and the peacock itself is Amitabha Buddha's vehicle.

According to Ratna Kaji the technique of *phuknu* derives from the *Satya yuga*, the Vedic golden age, in which this was the sole technique necessary for curing due to the relative

rareness of ill health. The third *or Treta yuga* witnessed the discovery of *jharnu* to supplement *phuknu*, indicating that the gradual increase in disorders and impurities produced the necessity of a somewhat more effective technique of healing: "There is a special *jhar-phuk* mantra and certain rules must be followed. We Vajracharyas must fast before treatment, avoid eating eggs, chicken and pork. The art of *jhar-phuk* is passed on from father to son and I took four years to learn it from my father." Despite this long apprenticeship to learn the technique which must be combined with the maintenance of certain precepts or discipline, he says anyone can conduct at least basic healing by sweeping 21 times while reciting the mantra *"Sat Guru."* Guruba, for his part, while performing *phuknu*, substitutes the *rudraksha mala* for a broom to perform the same function and he directly strafes the patient's body with the *mala* in case of any body pain or places it on their heads as a blessing and for protection from evil forces.

Nadi

Healers from the various traditions employ this method of diagnosis deriving from ayurveda, though it is perhaps the most difficult to master. Nearly every kind of supernaturally or naturally caused disorder is thought liable to diagnosis through *nadi*, although people had varying interpretations concerning the number of *nadis* it is possible to detect. These are said to range from 64 pulses and nerve endings on each wrist, hand and on the finger tips, which show either a *dosa* arising due to the displeasure of a deity, a spirit or a planet, *bigar*, mental or physical disorders, to nine nerves, to only one. This is said to be the *lagan-ko-nadi* (radial pulse), through which healers claim to be able to detect possession by a witch or spirit. Some advocated reciting a mantra while checking the *nadi*, others noted that the frequency in the case of witch-caused afflictions was fast and that of a *pisach*, for example, slow. Govinda Bahadur indicated he uses *nadi* as a method of diagnosis especially in cases of the suspected possession by a deity or *bokshi* and that he is himself possessed by a deity when using this method. Pandit Asa Kaji

said he diagnosed the children's disorder, *ari kon*, by examining the baby's wrists: in the case of a boy, his right wrist would show it, in that of a girl, her left wrist. In the diagnosis of *bokshi* cases, only one wrist will show it (on women the right and on men the left), but in that of possession by a deity, the pulse is irregular on both wrists.

Ghat baidyas are considered to possess expertise in predicting the time of a patient's probable death through checking their *nadi* and Pradhananga indicated that the normal pulse frequency is 50 beats per minute, whereas it rises to 72 near the time of death. It must, however, be noted that spiritual healers, by definition, are expected to be able to employ their psychic vision for diagnosis, as opposed to more rational methods like pulse examination. Thus, it can be surmised that the more tantric the healer, the less he or she will be inclined to use other methods like that of *nadi*. The *deo-ma*, in this connection, rarely avail themselves of this technique, especially as they also usually lack a background in ayurveda. Ganesh Maya Suwal refrained from it altogether due to the injunction not to touch or be touched by anyone and Ratna Devi Maske only employs it occasionally when her psychic vision (as she is said to be in trance while healing) indicates it is necessary. When it comes to the method employed in *nadi* examination, besides the common one of checking the patient's wrists or possibly fingertips by direct hand contact, still another method was observed used by a *gubhaju:* he tied a string around the patient's wrist and checked the pulse through exact observation of the string's movement.

Puja

The term 'puja' refers to the ritual of worship of a deity, which in the present context is deemed especially important as a preliminary to healing. Certain healers emphasise puja more than others, especially those embedded in Hinduism's and Buddhism's "great tradition", as, in these cases, it also comprises an essential part of their daily worship. For Vajracharyas, the pujas performed in connection with healing

are simply an extension of their priestly activities which are possibly considered more efficacious due to their *diksha* thought to especially empower them for its performance. Mukta Raj stated that, in their capacity as astrologers, *gurujus* perform pujas to avert natural disasters, by ritually influencing planetary constellations. There is a special mantra for each of the nine planets and each is also linked with a certain *matrika*. For example, the planet Rahu is said to be linked with Bhairavi, Saturn with Kali and Jupiter with Durga.

Some *gubhajus* have gained a reputation for their performance of rain puja, but in fact even Siddhi Gopal (despite the fact that he is only a *baidya*) indicated he knew the technique and taught it to interested *gubhajus*, naming one in Bungamati who had successfully applied his method. Ratna Raj uses a Nag Mandala which he himself created for rain pujas lasting an entire day and involving the propitiation of the Nag Devta. It must be noted that even the festival of Bunga Deo (who, ensconced in a chariot topped with a huge pole, is pulled around Patan once a year) can be interpreted as one lengthy rain puja. This is because it is staged primarily by *Jyapus*, the Newar farming community, for the purposes of ensuring rain in the Valley and a good crop yield. Perhaps it is no coincidence that, as Newars indicate, the holding of this festival in late April is usually accompanied by heavy downpours on several days throughout its duration.

When they feel their healing shakti may be waning, some *gubhajus*, perform an obscure practice called the *purashharan gufa*, in which they remain in a dark room (*gufa*) for either four, seven or ten days when they perform puja for purification. During this retreat they must observe the Buddhist precepts very strictly, recite *jap* and practise *dhyan*. The practice is intended to strengthen their will power for healing, as a vow must be made not to misuse the shakti for personal benefit alone or to harm others. Generally, a healer will start his day with a puja, as for example, Ratna Kaji indicated that he performs *nekon puja* to his lineage deity with a mantra passed on to him by his father. Govinda Bahadur said he began his healing practice by offering in a puja 20 *thal* (plates of offerings) and a *kisli*, a small clay bowl

containing a coin, rice kernels and some flowers, for each major Hindu and Buddhist deity.

Puja, especially for a Vajracharya, is linked with the usage of the *vajra*, considered by some their most important healing instrument and also wielded in the context of priestly activities. The *vajra* is the salient symbol of Vajrayana Buddhism inhering in the realisation of the essential voidness of existence through 'lightening' means (the *vajra* representing, according to some, Indra's thunderbolt). It is used both in puja and in healing by making ritual gestures or *mudras*, evocative of the deities which must be propitiated to ensure a positive outcome. Pradhananga, one of the few healers who was observed to employ *mudras*, indicated that they are used to "cut the *dosa*" or negate the punishment meted out by a deity or planet. He has four in his repertoire which either evoke Ganesh, Shiva, Surya (the sun god) or Narayan.

Normally, a *vajra* is used together with a bell or *ghanta*, the two being considered complementary male (*vajra*) and female (*ghanta*) principles, in line with tantric philosophy. Although formerly restricted to practitioners of Vajrayana (tantric) Buddhism, nowadays any healer may employ a *vajra* or a *ghanta* irrespective of whether or not the meaning behind the instrument is understood or believed in. For example, I noted its usage by a Maharjan (*Jyapuni*) *deo-ma* solely by virtue of the fact that a *guruju* was her teacher. In addition, the *Bahun* healer Guruba wields a *ghanta* because, he said, it was given to him by a devotee, indicating that the reasons for using a particular instrument may, in some cases, be fairly arbitrary and not emanate from any one particular healing tradition.

The *vajra* is generally used to facilitate curing by placing it on a patient's head or by tapping the afflicted body part with it (providing it is not "impure" like the feet). Ratna Raj, along with some other healers, prefers to employ the *vajrakilla*, which has a ritual dagger at one end making it easier to sanctify water with by stirring it and thereby making it into *jal*. The *guruju* considers it his most important healing instrument with which he blesses any substance used in

healing, for instance, *jadi butti* or rock salt given to the client to mix in food to reverse the effect of a curse, or as an ingredient in an amulet. Gelong Wong Dui also uses a *vajrakilla* with which he similarly taps the effected part of the patient's body. Healers like Raja Dyala, who are not part of the Vajrayana tradition normally use a knife for stirring and in *ban katne*, symbolically cutting through the spell cast by a *bokshi*, which he learned from his *jhankri* gurus.

High caste Hindu and Buddhist healers tend to stress puja more than others and the Pandit Asa Kaji, for instance, was one who employed it fairly regularly. In case of a patient's possession by a deity like the Akash Yogini, he would perform a puja to her and offer a duck's egg and in case of possession by the *bhut-pret* he would perform a *bhut puja*. This practice is, however, not unique to *gurujus* as Hindu practitioners like Pradhananga would perform the ritual of *dosa panchawne* entailing the removal of the *dosa* and protection against future transgressions in the framework of a special puja. Occasionally, the mere promise of a puja to an offended deity cause the resulting symptoms to subside. However, in case of possession by a witch, many healers indicated that no puja was possible. In more serious cases, some healers perform the *pancha raksha puja*, a puja of five protections, in which the five elements are called upon to act as protectors against evil forces. Mukta Raj mentioned that it is generally good practice for a client to sponsor this elaborate puja or a more simplified one performed by a *guruju*, for the propitiation of the Hariti, Bijeshwori and Vidyadhari Ajimas, in order to avert future trouble by ensuring their protection.

The same procedure is necessary for the pacification of planets, normally done by a *jyotis* or a healer who also practices astrology. According to Ram Chandra Paudel, it is thought that when a planet is in a bad position it is due to the displeasure of the deity governing it and a puja is required to pacify both the deity and the planet. The *jyotis* recommends pujas to be done for Hanuman and Ganesh, especially in the case of a cycle of seven and a half year's bad luck called *sade-sat dasa*. It is believed to be caused by the planet Saturn being in an unfavourable position vis-à-vis the incumbent, Saturn

being generally thought of as the planet causing more misfortune than others. According to Mr. Paudel, Saturn had made a promise not to harm either Hanuman's or Ganesh's devotees. In Ganesh's case, Saturn had inadvertently caused Parvati's first child to lose his head, which was therefore substituted by an elephant head. Out of remorsefulness at his misdeed, Saturn promised to protect her son's devotees, and Ganesh is thus propitiated to produce a good planetary effect. The *jyotis* indicated that worship and puja can be performed at a pipal tree which represents Ganesh for this purpose.

Most of the healers questioned felt that the performance of *path* (reading scriptures) and *jap* (repetition of mantras) should be done by an expert since only if it is done skilfully can it produce good results. It was however observed that some of the more unscrupulous practitioners readily prescribe the performance of a puja on their client's behalf mainly to increase their own income. The sponsorship of a puja can be a fairly elaborate and expensive affair and cost up to Rs. 2,000, though the average is a couple of hundred rupees. In fact as I myself observed, the main expenses incurred at a healer's were often linked with the latter's performance of a puja held in the event of the more serious cases of *bigar* or a deity's *dosa*. In this case, a practice often resorted to is that of *bir sadan* entailing the performance of a puja conducted at the *masan*. Govinda Bahadur indicated it was necessary to use a human bone for this kind of puja which is later pulverised for use in pujas directed to a deity or spirit troubling their client. Though most healers will not divulge their practice, Raja Dyala, in an unusually candid frame of mind, described the *bir sadan* he performs (which is different for each healer) as follows:

> *The method is to go to a Matrika shrine or preferably a masan, as it is stronger, bearing a kisli and an empty container. Dig a small hole and put in the empty container with a top on it. Bury it and perform puja using the other container with the offerings. After four days, return to the masan and take out the buried container. If it is full of fat (from a burnt corpse) then you have succeeded in bir sadan. If*

it is empty, you must repeat the whole procedure again. This is the test of a healer's shakti.

Another kind of puja referred to by all manner of healers was the *hom puja*, a fire offering to the deities. Pushpa Ratna Shakya said he was generally possessed by the Vajra Yogini when preparing the *hom* and he employed ash from coal produced in the *makal* (metal pot) using special aromatic wood for healing. In the case of the *deo-ma*, as she is considered the embodiment of the deity while she is in trance, she herself must be worshipped through a puja. This is usually done by her husband and/or other attendants who assist her, but is also done by patients witnessing this beginning of a healing session by tossing rice in her direction. Otherwise it is thought that the deity, may not be motivated to heal through her. Even when not in trance, a well-known and powerful *deo-ma* is still respected as a quasi-goddess by her devotees who, even when meeting her outside the healing context, may wish to touch her feet and receive her blessings.

Jantra

Amulets or *jantras* are employed by people of nearly every religion, as the felt need to ensure divine protection or simply good luck seems deeply rooted in the human psyche. The preparation and giving of an amulet in the present cultural context has several basic functions. Foremost is to ward off possible attacks from supernatural forces or to pacify negative planets and to act as a general panacea, thereby increasing one's good fortune and health. In Nepal, people from all levels of society and beliefs profess equal faith in amulets and usually wear them either around their necks or waists, underneath their clothing. Tibetans are an exception in this regard, as they often wear them openly, especially since they tend to wear a larger variety of *jindui or tongha* (Tibetan for amulet), bigger and more elaborately made, often given by their gurus the Rinpoche. They even tie them on their horses and yaks for protection from accidents and illness, or against loss or theft. Amongst Tibetans and Nepalis there are certain healers who have achieved renown for the preparation and

efficacy of their *jantras*. For example, Ratna Raj is known for the variety of his *jantras* and a photo of the most efficacious one, the Pancha Raksha Devi, goddess of the five protections, which takes him an entire day to prepare graces the front cover of this book. His repertoire of *jantras* which cost between Rs.20 and 100 for the Pancha Raksha, is as follows:

1. *Taran* (boundary), for protection against supernatural forces empowered by the goddess Chandra Maharoshan.
2. Pancha Raksha Devi (five protections by the goddess), to counteract planetary weakness.
3. Hariti Devi, *Bal Raksha*, for protection of children from illness and the evil eye.
4. Lakshmi Devi, for wealth and prosperity.
5. Arya Tara, for long life.
6. Bhimsen *jantra*, for success in one's business.
7. *Pasal bepari jantra*, for success in business in one's shop.
8. *Lok Akrashan*, to impress others.

He also distributes *jantras* to increase agricultural production (including the cow's production of more milk), to settle family conflicts, to get rid of enemies, and to prevent irrational fears and bad dreams (from *History of Kwa Baha*, 1994).

The renowned healer of Kirtipur Jitendra Joshi, who figures in many studies by foreign scholars (such as Wiemann-Michaels') produces a special *jantra* containing a mixture of garlic, tiger hair, cat's milk, pulverised rock and certain herbs given to potential or actual victims of witchcraft (1994,p.22). Pradhananga gives only one amulet to cover all variety of complaints containing four different herbs. Besides him, another healer who similarly does not charge extra for amulets was the Lama Gelong Wong Dui, as he indicated that "commercialisation defeats the purpose of it." He prepares two kinds of *jantras* using only black thread with which he wraps paper squares. One is empowered by the mantra of Padmasambhava with his eight manifestations and the other by Jambhala, the deity of wealth, especially since many of his clients seek to improve their business prospects. The Muslim healer was seen to give the simplest of all *jantras* encountered

in the form of a folded piece of paper inscribed with Allah's name on it, for which he expected a voluntary donation.

An amulet can be used by healers to strengthen other measures they have taken on behalf of their clients or, in some cases, to compensate for the healer's unwillingness to confront a witch directly. Healers often wear *jantras* themselves as they believe that they are particularly vulnerable to the revenge of those supernatural forces whose designs they have thwarted. Ratna Raj said the *jantra* he wears contains the power in the form of mantras of all the different *matrikas*. Besides writing their names in Newari script on the paper placed inside, he empowers it through a puja to give it "life". Aside from the *loka* (Nepali handmade paper) on which the mantras have been written, the *jantra* contains ash, rice, mustard seeds and flower petals bound with a *pancha sutra*. The latter is a prominent symbol worn by Buddhists in Nepal and given on ritual occasions, consisting of a bunch of five coloured strings—white, blue, yellow, red and green—representing the five elements, five senses and the Pancha Buddhas together with their consorts, the five Taras, serving as additional protection. Ratna Raj Guruju indicated that the *jantras* most people request from him are for protection against witches, *bayu* or *pisach*, and from rabies bites. Amulets can also act to prevent illness, harassment by the police, theft, fire, unnatural death and drowning.

The Nai Guruju produces different kinds of *jantras* specifically for babies. He prepares an amulet by using a leaf plate for puja, writing a mantra on a big leaf or paper, adding mustard seeds, *kum-kum*, *kesari* (red, yellow and orange powder), a flower petal used for puja during *Dasain* and a rice kernel. He puts it over live coals and rubs ash from *dhup* (sanctified incense) on it, while reciting mantras to give it "life". Evidently he believes strongly in its efficacy and indicated that children can get cured by using it after only half a day in the case of new illnesses. Ram Chandra Paudel wears a *jantra* to protect himself from the influence of supernatural agents. He prepares it using a *neem* leaf, sandalwood and five different metal powders. It is also to ward off the effect of bad planets and to strengthen the good ones as the metals

represent magnetic fields capable of attracting good planets and warding off bad ones.

HEALING SUBSTANCES

Jal, jadi butti, kharani, acheta, and *dhup* - sanctified water, herbal medicine, ash, uncooked sanctified rice and incense, in that order of importance - comprise the chief substances relied upon by a tantric healer. Whereas some healers may employ a vast repertoire including these and other substances usually from the animal or human realm (for example, extracts from exotic animal parts or even human bone), others may rely only on very few. One could even postulate a relationship between the repertoire of substances and a healer's own shakti, as it could be assumed that one with very strong healing power does not need to rely to such a large extent on outside props.

The *deo-ma* derives her power by being possessed by the goddess (or one of her children) directly and is thus often seen to rely only on *jal* and *acheta*, although she may utilise one mantra. The *jal* which the *deo-ma* pours into the patients' right hand and sprinkles over their heads is ordinarily pure water taken in the early morning from a well or a water spout, empowered by a mantra through *phuknu*. A popular source of tantrically empowered *jal* is found at Guheshwori's shrine behind Pashupatinath commemorating the place where Parvati's *yoni* fell. Underneath that spot, represented through a *yantra* and a hole in the ground, is an underground spring containing water considered especially efficacious for healing.

Some healers evidently regard it as a sign of their personal prestige not to have to rely upon *jal* at all. Pushpa Ratna claimed not to have used it, although he certainly employed other tantric methods. Ratna Raj, as stated, uses his *vajrakilla* to stir the water for *jal* and soaks a special kind of wood in it, claiming the patient. having imbibed his *jal*, does not need any further medicine, G.B. Rajbhandari uses it mainly to sprinkle on a suspected victim of witchcraft who will then start to shiver if possessed by the *bokshi*. For treating *bigar* cases, he administers *jal* brought from Mt. Kailash in

western Tibet. Special *jals* may not even contain water, as Guruba said he uses rhinocerous urine over which a mantra was recited as *jal* symbolising Ganesh for treating asthma patients. J. Joshi, according to Wiemann- Michaels, produces a very elaborate *jal* to counter witchcraft produced by mixing a special powder with tiger's milk. The powder contains tiger's whiskers, coral, rhino horn and copper dust empowered through mantras and put into a special clay jug (*Kalas*). *Jal* made from mantra-empowered water is said to lead to the elimination of "knots" (*gantho*) in the body caused by *bigar* (comp. 1994,p.21-22).

Another kind of *jal* is prepared by pouring pure well water over the Kumari's feet. Her relatives claim it is good against anger and chest colds, although it is more effective if imbibed by an actual devotee of the Kumaris'. Vidya Bahadur, the maverick healer, administers *jal* into which a crow feather was dipped and the seven symbols he relies on for exorcising the *bokshi* are "written" in the *jal* which the victim drinks in seven sips. In serious cases, the victim needs to take a bottle of *jal* home which must be consumed within seven days causing the witches' power, he believes, to diminish automatically.

The Lama Wang Dui is very liberal with his *jal* called *tu* in Tibetan, made by invoking the Amrita deity. It is water mixed with saffron, musk and 23 other ingredients which he purchases ready-made from Dharamsala, the Dalai Lama's headquarters in India. He pours it from a metal ceremonial jug on to the patient's head. As both the lama and the Newar Buddhist healers are embedded in Vajrayana Buddhism, they are considered by Stablein empowered to "internalise" the qualities inherent in the deity thereby transubstantiating their bodies into a "Vajra body". Thus the *jal* administered by the lama which Stablein calls "curing ambrosia" is considered to have a more far-reaching capacity than healing a specific ailment, because it can be utilised towards the higher aims of this branch of Buddhism to achieve liberation in a single life time (comp.1973).

In regard to the Theravada Buddhist tradition, the legendary spiritual healer Yog Ratna Vajracharya was said to

have relied exclusively on *jal* (besides his own *siddhis*) empowered by keeping it in his presence while he meditated upon it. In a remarkable healing feat, he cured a blind man by giving him *jal* to drink and sprinkling it in his eyes which restored his eyesight (despite his blindness having been diagnosed as incurable) after only 15 days of treatment. Even his advanced disciples - for example, Maya Devi Stapit - indicated they could produce their own *jal* for healing using the same method.

The tantrik *par excellence*, Dev Swami, also relies to a certain extent on *jal*, which he administers as part of a more extensive course of treatment. Once, a young man of only 30 consulted him, about whom Indian doctors had said he had only a few weeks left to live since he suffered from liver cancer. Undaunted by the doctors' diagnosis, Dev Swami managed to cure him by giving him *jadi-butti* empowered by a mantra, teaching him meditation, yoga and the recitation of *'Om'*. The chief means of cure was through "magnetising" the water by his own shakti, thereby making it into *jal*, acting to kill the viruses inside the patient's body and simultaneously spiritually empowering the latter through the administration of this sanctified water.

Acheta, kharani, dhup, jadi butti

Following *jal* in importance and salience are the three substances, rice (*acheta*), ash (*kharani*) and incense (*dhup*). Signifying rice used in any ritual context, *acheta* refers to single, unbroken raw kernals of rice, sanctified through a mantra. Due to its pervasive significance, some might argue that the importance of *acheta* supersedes that of the other substances. It can be scattered, as noted previously, even by lay people, to appease the supernatural forces. This is in accordance, perhaps, with its global usage on auspicious occasions like weddings, when it is thrown over the couple as a blessing.

Valley healers generally, irrespective of their specific tradition, expect their clients to present them with a certain

amount of rice (usually one *manna*, about two cups) before they begin treatment. The monetary offerings made at the end of the treatment are, in contrast, voluntary. Guruba for his part, has a sign outside his practice room stipulating the amount of rice each patient is expected to bring. Normally the entire amount presented by the patient is hardly exhausted in the course of treatment and it was observed how some healers store the leftover rice in huge barrels.

In the present context of healing, *acheta* has two basic functions: one is for divinatory purposes and the other for healing, usually as a general panacea. Some healers were observed to avoid its usage altogether and others relied upon it primarily. The *deo-ma* Ratna Devi, for instance, once gave me some to keep on my person at all times in order to counter the effect of weak planets said to have caused a spell of misfortune. Ganesh Maya is an exceptional case of a healer whose particular code of precepts demanded by the Ajima entailed the avoidance of rice altogether, either for consumption or its usage in healing.

The method of rice divination employed by many healers, especially those with an astrological background, is by dropping the kernels onto an astrological field or mandala demarcating the nine planets. A certain supernaturally caused disorder is diagnosed according to which field the kernels fall on. Their number is counted to determine the nature of a particular affliction, even numbers implying a non-malignant origin, odd numbers a malignant one. Single kernels are also thrown on a client's horoscope, whose position and direction are being interpreted by the healer to indicate or confirm particular symptoms and the duration of the affliction.

An interesting account of the misuse of rice for tantric purposes was given by Govinda Bahadur who said a favourite method used by the *bokshi* to cast a spell was by tossing rice empowered through a mantra on anyone she wished to curse. The victim would immediately, the healer related, feel a sense of insecurity and panic. In order to remove the effects of this rice-induced curse, the healer prescribed taking a daily bath and having *jhar-phuk* performed for seven consecutive days.

Pushpa Ratna Shakya, instead of relying on the kernels, used to construct a *torma* (Tibetan: rice paste figure) of the witch troubling his client. Once it was dry the arms and legs would be broken, presumably effecting the real witch. To heal someone suffering from limb or joint problems, the figure's limbs were disjointed and then rejoined, causing the pain to subside, according to the healer. He indicated that he had learned this technique, encountered seldomly amongst Valley healers, from his two Tibetan lama gurus. However, given the historical ties between Tibetans and Newars, perhaps it is not so surprising that the latter should also adopt some Tibetan healing methods.

Lama Wong Dui uses rice liberally in his practice, flinging it over the patient and around the entire room to dispel evil forces, or in divination by counting the kernels and noting their direction. What he uses more frequently in his healing practice, are in fact yellow mustard seeds, empowered through the blowing of a mantra. He says they are especially useful for driving demons away as the seeds are said to tantrically enlarge themselves when confronting demons, thus frightening them away, so they will no longer trouble the patient. Wong Dui generally gives his patients three tantrically empowered substances in order to purify their surroundings, as evil forces are often thought to afflict people's houses, shops, offices or factories. The substances are mustard seeds to scatter around, especially in corners where they will not be swept away, salt to mix into food or into Tibetan tea, and *dhup* made from fir and fir resin mixed with mustard seeds, to burn as incense.

Ayurvedic herbal medicine called *jadi butti* is most commonly administered by those healers calling themselves *baidya*, the majority in the present survey. However, tantric healers (including some shamans), also employ herbal medicine not merely for medical purposes, but, more importantly, as a ritual substance through which, for instance, a spell cast on one's vegetable patch resulting in a lower yield can be counteracted. Ratna Raj Vajracharya is an example of a healer who was noted to have given a special herbal mixture to a client to scatter in the four corners of her field. In

addition, to counter her husband's alcoholism (which the healer had diagnosed as due to his weak planets) he gave the same substance to the wife to mix in his food and drink, which would automatically make drinking alcohol repugnant to the recipient.

According to Dev Swami who claimed he had taught himself ayurveda only through dreams and through discussions with villagers, a plant has natural qualities to heal, especially when fortified by a mantra said to be a further manifestation of the tantric working of the unity of Shiva and Shakti. G.B. Rajbhandari said he always did *jhar-phuk* over the *jadi butti* used for maintaining and promoting one's overall health, to increase the appetite, and to remedy specific disorders like diabetes, menstrual irregularities or pain, which he said were often due to the Kumari's *dosa*. According to the healer, for the *aushadi* to be effective, it must be accompanied by a special puja. Ratna Kaji indicated *jhar-phuk* and *jadi butti* to be both equally effective and Siddhi Gopal Baidya suggested that without pleasing the deities through worship, puja and *jap*, it would be a futile endeavour for a *baidya* to administer ayurvedic medicine alone.

A very important substance for many, especially the more tantrically active healers is *kharani* (ash, which in its sanctified state is called *bhibutti*). It can be produced in different ways and applied to the patient's forehead as *tika* or given for consumption. Nai Guruju indicated that he went to the Vajra Yogini shrine to collect ash from the *hom* puja there, as in Sankhu the wood burns for 24 hours. He consecrates it by touching it to the Yogini's statue, the latter being a Buddhist form of the Ajima and uses it for rubbing on the children's stomachs while reciting a mantra in case of digestive disorders. In the present survey there were in fact more references to the usage of ash than to herbs, although incense was stressed to a nearly equal degree. Both represent, first and foremost, ways of warding off supernatural agents and disorders, or of pacifying disturbed planets or deities.

Raja Dyala said he obtains ash from the wood fire in his own kitchen, which he uses to rub on the effected part of the

body and gives it to patients to eat and as *tika* (put as a mark on the forehead). Ratna Kaji revealed that human bone ash was employed by those healers practising *bir sadan* for use in possession cases, when it is given to the victim in their hand or as *tika*. Giving an ash *tika* generally from the *hom* puja is a common practice amongst Hindu *sadhus* who wish to bless their devotees. In the present cultural sphere the more common form of *tika* is, however, a mixture of rice and red coloured paste and applied to one's forehead, practised by both Hindus and Buddhists.

Pradhananga relies on ash which he gives as *tika* or rubs on the effected part. To remedy supernatural affliction, in the case of females, he rubs it on the left wrist and in that of males, on the right. The ash comes from his *hom* puja and contains nine ingredients including wood, rice husk, black and yellow mustard seeds, ghee and honey. In the process of making the ash, *phuknu* is done on the fire and the mixture gradually hardens into a cake which is crumbled into powder each time its usage is required by the healer. Hassan Khan uses ash from the *masan* which he administers to patients requesting them to consume it gradually over a certain period of time, especially in case of spirit-caused disorders.

The production of tantrically empowered incense or *dhup* comprises, like *jantras*, the speciality of certain healers. Notable amongst them is G.B. Rajbhandari, who, as indicated, produces his own handmade Bhimsen *dhup*, Nepali paper incense twisted with scented powder (re. Interview in appendix). Besides being created, as the name implies, to help shopkeepers improve their business, it can also be used in restaurants to ward off a witches' curse, in case she casts her evil eye on the food being sold there. Ratna Raj Guruju sanctifies his incense using a *Bishnuvajra* (two crossed vajras) and employs a mantra to empower it further, which is given clients to burn in their homes when he has diagnosed the presence of malignant spirits or *bigar*. This healer sells his clients a special *Asta Suganda Dhup* made with eight different perfumes as a general panacea and *Gokhul Dhup* to improve their economic or educational prospects.

Pushpa Ratna used to create a "witchcraft reversal incense" by burning five ingredients in a *makal* including yellow and brown mustard seeds, fragrant wood, pulverised ram's horn, snake skin and a neem leaf. When the *bokshi's* victim inhaled the smoke, the latter would react violently, thereby causing the witch to possess her victim. The *bokshi* could therefore be effectively coerced into vacating the latter's body. J. Joshi is said to be producing *dhup*-balls which he burns in the *makal*, composed of seven different powders and herbs, each representing one deity, either Mahalakshmi, Dankini or Mahakali. By inhaling the smoke the patients are thereby protected, the space surrounding them purified and significantly, the four directions sealed. This acts to prevent the witch from escaping, facilitating the easier possession of her victim as witches are notoriously reluctant to enter their victim's bodies when they anticipate the healer's exorcism and the consequent neutralisation of their power (Wiemann-Michaels, 1994, p.21-22).

A healer's repertoire may also include other methods and substances not yet accounted for. A migrant *Chetri* healer from the hills was seen to employ a rather bizarre mode of treatment consisting of a tiger's claw in place of a *vajra* with which he strafed the patient's body. Several informants mentioned the use of a smooth surface or a mirror which was tantrically empowered to reveal the location of a lost object or person, the identity of a witch or a thief, or for divination purposes. Yog Ratna's main disciple Nucche Maya Shakya, said that she was enabled to see her deceased mother's face in the mirror, but that the *siddhi* required for this feat was so demanding that her guru did not recommend its frequent employment. Amongst Tibetans this technique is known as *tah* and involves the spotting of symbols on the surface which the practitioner interprets for his client in response to the latter's queries.

Pradhananga spoke of the existence of a special stone given to him by his mahatma-guru that could absorb the poison of a snake or rabies bite, which he said had, unfortunately, been lost. Its existence was corroborated by other former possessors who similarly could not display the

stone as they had sold it, so its efficacy could regretably, not be tested. Another novel technique was revealed by Hassan Khan who said he employs a mantrically-empowered wick given to his clients to burn in oil in a darkened room. If an image appears by staring into the flame, that is said to be a sign of *bigar* or the harassment of the victim by spirits, which the healer will subsequently interpret to the patient.

Vidya Bahadur uses an entire repertoire of strange substances and techniques which he indicated to have learned from his Tibetan lama guru. For example, an egg is given to patients used to gather the *bigar* by holding it against their bodies. The most significant substance the healer personally relies upon which he calls "the sweet fruit of tantra" is a black string used to bind the directions. It thereby prevents the witch from invading either the patient's body or premises. The fact that Vidya Bahadur learned this technique from his Tibetan master is given credence to by virtue of the Tibetan lama, Wong Dui's, usage of the same device. He gives out the string liberally as a general panacea, but particularly, as he related, for protection from evil forces. Testifying to its effectiveness against witchcraft, the lama recounted an incident in which an entire group of *bokshis* from Patan came to his practice room in trance. They had demanded, through threats and attempted bribery, that he resist from administering these strings for patients to wear, as it impeded their work.

Chapter 7

Witchcraft and the Healer

The phenomenon of witchcraft forms a boundary demarcating the two major types of healers: those prepared to confront a witch directly through exorcising her from her victim's body, and the others not prepared to undertake the frequent risks this enterprise may entail for themselves, as it may invite the witches' retaliation. In general, it appears that the former category of healer may be in the minority today, although ironically, even some of the latter may not be reluctant to train someone else in performing this feat—especially since a healer often fights a witch with her (or his) own weapons, i.e., by using the same mantra and thus does not require any special knowledge to do so.

Amongst those healers who indicated that they occasionally perform exorcisms of witches were Ratna Devi Maske, G.B. Rajbhandari and Bhai Raja Dyala, as well as the Tibetan lama and the Muslim healer, each employing various techniques to do so. For example, Wang Dui indicated that it often required prolonged sessions at his practice and home, where he said he once treated a newly-wed Newar woman suffering from *chopne* (witch possession). She was in such a bad condition that she had to be carried into his practice room and he was compelled to keep her there for seven days of consecutive treatment using only his normal techniques to exorcise the witch. This healer, besides some others, notably Vidya Bahadur and the older healers like Pradhananga and Mukta Raj Vajracharya, only employ non-violent means to counter witchcraft. The latter two had, in their youth, gained a

reputation as effective tantric healers especially adept at treating these kinds of cases.

Pradhananga had some interesting stories to recount illustrating the power possessed by the witches as exceeding that of the healer. In one instance, a family who sought to expose a witches' identity had hired four *baidyas* for the task, one of whom tantrically shaved an eyebrow of the person possessed by the *bokshi*. This is a common technique used to identify a witch, as it is believed that only the real *bokshi* will be effected. When the latter was implicated, she claimed her eyebrow had been razed due to a cooking accident. After six months, the same *baidya* went to her location and met that *bokshi* accidentally. After she criticised him for countering her activities, he suddenly collapsed and died a painful death, vomiting blood.

In another story which occurred in Patan, Pradhananga himself was involved, having been taken to the victim's house in which the mother had either hired the witch or was the alleged *bokshi* herself. Since one of her sons would not heed her request to contribute more towards the household expenses since he earned more than the other household members, the mother had cast a spell on him (or had the spell cast) so that he could not swallow his food or move for prolonged periods. Finally, Pradhananga was taken there, having been promised Rs.5,000 if he could remedy the situation, and proceeded to perform *phuknu* and *ban katne* to reverse the *bokshi's bigar* (which only effected the one who had inflicted it), using an egg to gather it in. As the treatment was going on, the healer related that the mother performed her own tantra-mantra to counter his: "I was forced to leave the house immediately, as the *bokshi*—who accused me of trying to counter her actions—had possessed the son's wife. Since that time, I have stopped visiting Patan since that *bokshi* is too strong for me."

Those healers who, despite the risks taken, still specialise in the exorcism of witches and in neutralising their power so they are no longer able to harm their victims are primarily Guruba and Vidya Bahadur Vajracharya. What the two do not,

however, have in common is that the former pursues healing full-time as a vocation, charges fixed rates (posted on a sign board) and does not hesitate to employ violence against an alleged witch. The latter, for his part, only performs tantric healing as a kind of hobby, in fact, as a form of social service to alleviate the suffering caused by witchcraft without accepting remuneration, using only non-violent means. The characteristics they have in common are that both share a conviction in their own powers as superior to that of the witch—a faith which most other healers appear to lack, as they are either unsure they can in fact defeat the witch or are afraid of her retribution, even if they ultimately do succeed in conquering her. The other common trait is a position as "outsiders" amongst Valley healers since neither conforms to the type of healer their caste and/or professional attribution would ordinarily stipulate them to be.

In the case of Guruba, whose real name is Narayan Prasad Adhikari, he officially designates himself as *jyotis-bhajee*, "grandfather astrologer", although he does not actually practise astrology very much. However, the name chosen could refer to a commonly held conviction amongst Valley healers that *graha dosa*, a harmful planet, is the chief cause of any affliction suffered by a patient. In particular, this is thought to make the latter susceptible to most other kinds of problems ranging from the physical to the supernatural. Like their Vajracharya counterparts, the *Bahuns* in their capacity as healers should ideally also be "God healers" and not employ the *bokshi* mantra in waging tantric battles against their adversaries. In this respect, Guruba appears to be an ambivalent case since, on the one hand, he is audibly heard to recite vedic *slokas* or mantras from the higher Hindu pantheon, claiming as his tutelary deity none less than Shiva himself. On the other hand, he does not directly deny also using the *bokshi's* mantra, especially for witch possession cases.

Vidya Bahadur, although born into the Vajracharya (Newar Buddhist priest) caste has never practised in this capacity and, like most of his other family members, is educated and a professional. Thus also, neither conforms to

the common stereotype of traditional priest nor healer. It appears as highly unusual that Vidya has adopted this vocation, especially since his own rendition is comparatively bizarre and contrary to most of the norms characterising a *gubhaju's* healing practice.

The main inspiration for both healers was undoubtedly to counter witchcraft, as both healers share the belief that witchcraft causes untold suffering in Nepalese society. Consequently, they aver that there are many people who desperately need their help. This is especially so as the majority of healers are reneging on their duty in this respect. Both healers also share the view that, in order to be countered effectively, an especially malignant witch must be identified. This refutes the commonly held assumption that healers will not identify witches because they are reluctant to disrupt family harmony in case the witch is an immediate relative or has been hired by the latter to employ tantric measures out of jealousy, enmity, etc.

What is immediately striking about these two healers is their radically contrasting methodology in dealing with witchcraft cases. Guruba gives the impression of taking the entire enterprise comparatively lightly in that he often indulges in a half-joking repartee with the witches—when he is not engaged in disciplining them. This may be linked with the male chauvinism he exhibits generally, as he is convinced that the male healer is by definition stronger than the female as "Bhagwan gives more power to males and gods are more powerful than goddesses."

In constrast, the Newar healers – in common with Newars generally, rooted as they are in a predominantly tantric culture – generally cherish the belief that the wrathful female deities (Ajima or *Matrika*) are stronger than their male counterparts. They must therefore constantly be propitiated, whereby the *bokshi's* power is thought to derive from her link with these deities whom she also worships. This could serve as a further reason as to why Newar healers are reluctant to take on the *bokshi* directly, since they ultimately have too much respect for the Ajima, of which the witch could be considered a

manifestation in human form. Thus the Newar healers are apparently in a constant dilemma when dealing with them, as they may be tempted to rather propitiate the witch, as they do the goddess, to pacify and hopefully distract her from her evil ways, rather than to inflict direct punishment on her. The Newar's natural timidity cited by Gopal Singh Nepali in his introduction (comp.1965), could also be related to their reluctance to employ forceful methods.

Kakar's theory propounded in Chapter Three of this book about the role played by tantra in promoting androgyny amongst men and an emphasis on the female side of their nature could also be linked to the Newar's soft-pedalling approach. Therefore, it may come as no surprise that Guruba, in contrast, certain of his alleged male superiority and that of the male deity Shiva, is consequently not reluctant to punish witches. 'Playing' with them is a further sign of the low esteem in which he holds them. This is buttressed by his stated conviction that witches normally belong to a lower or untouchable caste, but afflict mainly high castes (Newars and *Parvatiyas*). This is perhaps an indirect aggressive strategy, in Lewis' sense, on the part of an oppressed group (comp.1971). Alternatively, high castes are believed to hire witches often belonging to untouchable castes (Damai, Sarki, etc.), or to ethnic groups like the Chepang, or even Muslims. An entire host of *bokshis* can, in fact, according to the healer, be hired for casting spells, as it is more difficult for a single healer to defeat a group of witches all possessing or cursing the same victim.

Although Guruba believes in using "fire to fight fire", Vidya Bahadur, on the other hand, does not pursue the same strategy. He believes that whereas the *vidya*, the tantric knowledge which both possess is acquired using essentially the same methods, later they diverge radically, particularly because of the different intentions of the respective practitioner. Furthermore, he contends that witches or sorcerers are obliged to practice their *sadhanas* in the *masan* to obtain tantric power, whereas for the healer, he says, it is enough to practice before a stupa. Similarly, healers need not derive empowerment *(siddhis)* from practising in Ajima

temples, although he admits that in Nepal the two traditions are intertwined. It is thus no coincidence that the Hariti shrine should be directly adjacent to Swayambhu Stupa. Since the Ajima (Hariti) was formerly a demon who converted to Buddhism, there is not so much of a contradiction inherent in the fact that an Ajima shrine may be located at a Buddhist place of worship, as may be supposed at first glance.

The beliefs regarding methods employed by witches appear to be rather stereotyped, and especially the viewpoint articulated by Guruba is the more conventional. He postulates that witches employ their *howa* (breath) to send a mystically-empowered arrow (*ban*) to afflict their victims, who start trembling upon impact. Vidya Bahadur describes it as an electric current felt by the victim and believes a witch generally enters a human body through an opening like a crack in their victim's nails. Others have expressed the belief that she requires a wound to enter, but many believe a witch can in fact enter her victim's body anywhere at will, to suck blood or possess them.

Another technique for casting a spell is to take ash from the *masan* to scatter in their victim's house (as the witch, Vidya believes, is normally a relative or close associate of the victim with easy access to the latter's house) to cause family discord, uneasiness, nightmares, accidents or illness. It is believed, though, that the suffering she inflicts depends upon the extent of her enmity with her victim. The reasons often cited appear extremely petty like conflicts arising between neighbours living in congested Newar settlements compelled to share the same inner courtyard.

Other healers like Raja Dyala indicated that witches make an effigy of their victim if they possess something from their body (a nail, hair or cloth) which, if hung in a dry place, renders their victim thin, whereas a wet location will make their stomachs fat. Although these symptoms may appear relatively harmless, in case of considerable enmity the witch is thought capable of killing her victim. Several cases of death through witchcraft have been cited in the present survey in the course of interviews taken of healers. Both Raja Dyala and

Ratna Devi Maske indicated that the *bokshi* had caused the premature death of their mothers and Min Bahadur Rajbhandari (a former disciple of Govinda Bahadurs') said his father had been killed in this way. These incidents encouraged them to learn the art of healing-cum-sorcery, in order first and foremost, to counter witchcraft.

When it comes to the exorcism of a witch, one of the chief distinctions between the Hindu and Buddhist tradition of tantric healing becomes manifest. We have already indicated that a healer in the Hindu tradition is more prepared to employ force than his or her Buddhist counterpart. This often involves the usage, on the part of the healers of physical violence against the *bokshi's* victim which is believed only effects the witch. Significantly, the *deo-ma's*, monk healers and the *gubhajus* in the Buddhist tradition often testified to their reluctance even to treat *bokshi* cases, let alone exorcise them; in these cases, they will refer the victims to other healers.

In regard to the patients of those healers who had been possessed by the *bokshi*, when questioned, they generally corroborated that they had not felt any pain from beatings by the healer, or even, in one case documented, by relatives at the healer's prompting. A few better known female informants, though, said that they had experienced pain, although they had not protested to the (male) healer at the time. The Hindu healers Guruba and Ratna Devi Maske were habituated not only to threaten, but actually employ violence in the form of poking the suspected witches' eyes with a needle, throwing rice grains into their eyes, tying them to a tree and stabbing them with Shiva's trident. The method favoured by most healers is to brand them with a hot iron as Ratna Devi admitted to have done, for which she was investigated by police officers upon the alleged *bokshi*'s daughter's complaint. Dr. Dhruba Man Shrestha, in this connection, said he had seen the scars of wounds inflicted by healers on their clients who had been supposedly possessed by a witch. He photographed them to have documentary proof for the continued prevalence of this kind of inhuman treatment.

In performing the exorcism of a witch, Guruba's preferred instrument for inducing her to vacate her victim's body is the so-called *bokshi-lathi* made from wood taken from a forest as presumably only strong wood can be used against a tantrically empowered being. Guruba, besides striking the victim with this staff (which I witnessed numerous times), said it could also be used to touch the *bokshi's* food causing her to lose her tantric power. Apparently, the *bokshi* could also be identified this way, according to the healer. For me at any rate, it was exceedingly uncomfortable to witness the employment of the *bokshi lathi*, especially as there appeared to be an element of sadism in it on the healer's part. At times, he seemed to lack the necessary clinical detachment and appeared to rather enjoy the "duty" of punishing the *bokshi*.

The spectacle of witch exorcism made, from the view point of the on-lookers, for a good evening's entertainment. People, most of them men, would gather around the pitiable spectacle of a poor, ill and mostly lower caste female being humiliated and tortured to varying degrees by a healthy, quite well-off, high caste male healer. Fortunately, this performance is no longer being held, since,in the healer's new premises he put up a wall preventing the more voyeuristic of his patients from witnessing his treatment. In addition, it was noticed that in the case of high caste and especially wealthier *Parvatiya* female patients, he was less liberal in his employment of this instrument than in that of the poorer and low caste female patients. Significantly, I did not witness a single instance of its usage on males exhibiting signs of possession, for which the healer could offer no explanation.

It may be instructive to present a case of witch possession documented by one of my research assistants which does not appear to be typical due to its severity. Unfortunately, no follow up was possible, although it would have been illuminating to know whether or not the witch was actually killed as per Guruba's orders, in which case it would have been possible to proceed legally against the healer:

A 50-year old woman had come from Panauti, who was possessed by Bokshi Maya. She had four sons,

was educated and had good earnings. Guruba threatened that witch with a needle, but she pleaded innocence, telling the healer her name and that her teacher was her own mother. The bokshi, in fact, was a close relative, her jethan-didi (elder brother's wife), and they lived together. The bokshi had only one son and one daughter, who were not successful like the patient's sons, so the former complained that the latter was too proud of her success. That is why she got angry with her and her mother then encouraged her to learn the bokshi vidya. Guruba warned the witch (who was speaking through the patient) that if she did not desist from attacking the patient, she would get a severe penalty. The witch was ready to challenge Shiva and said no one could defeat her, but when Guruba took out a needle, she got scared. Then Guruba suggested she should become his devotee and attack her mother who was the guilty party (in having taught her the bokshi vidya). The patient started weeping, pleading with Guruba, "how can I kill my own mother? Please, my guru, Shiva, don't force me to kill her!" Again Guruba warned her, "If you do not kill your mother, you'll get the death penalty from Shiva." She then promised to kill her mother within a week or two through tantric means, requesting Shiva's help as she did not know how to kill her guru and thus would be unable to defeat her alone, which the healer had said was essential for the patient's recovery. The patient did supplication to Guruba by touching her forehead to his feet. Then Guruba broke the needle, hitting it with rice kernels on the ground in mohini lagaunu, reversal of the witches' curse.

The most elaborate methods encountered in the course of research for exorcising witches were performed by Vidya Bahadur, who mainly employs a kind of alphabet for this purpose, containing shamanic symbols evocative of ways of neutralising supernatural forces. Black thread, as indicated, is used to bind a victim's body (similarly to a *jantra*) and to close possible entrances through which a *bokshi* may wish to enter her victim's body and house. This thread is called *suraksha*, a

protective device, although this method is not known for its speed as it may take from three to six months to thwart the witches' influence, according to the healer. It appears similar to the technique of *ban katne* which acts to sever a witches' tantric power.

Another method of using an egg to gather the *bigar* was observed at Bhai-Dhai's practice, in which the patient was required to hold an egg against her body for a number of minutes while the healer recited mantras, after which he broke it open to divine whether or not the *bokshi's* power had been effectively neutralised and gathered into the egg. Vidya Bahadur's method is more elaborate involving the energising of the egg through the symbols and then placing it against the victim's body for some time. The latter was then required to hang it up in the house and then bury it in a cremation ground, in the process of which the witches' spirit would hopefully enter the egg, while vacating its victim.

These techniques, as can be seen, are a far cry from the violent ones employed by the other healers cited, especially since the forceful methods do not even appear to act as an effective deterrent against witchcraft per se. This serves as still another indication of the questionable nature of the myth surrounding the phenomenon of witchcraft. This is not to deny that sorcery, as a tantric technique, exists; it is only to question whether it in fact exists according to the stereotype that witches are frustrated crones out for revenge or simply demons arbitrarily wishing to inflict suffering on others. According to my own hypothesis, there is a good possibility that sorcery in the present socio-cultural context may mostly be practised by men and often by male healers, rather than by females. The latter may serve as a convenient scapegoat on which to pin allegations of witchcraft, whereby the sorcerers can detract attention (and possible punitive measures) from themselves. By the same token, females may act as accomplices to male sorcerers and therefore, the extent to which they are willing, or able, to act alone may also be open to question.

Wiemann-Michaels has in this connection, concluded that the phenomenon of witchcraft emerges as a convenient mechanism to defuse family conflicts (especially between mothers and daughters-in-law and between male patrilineal relatives) relatively painlessly. As these conflicts, in Nepalese society, are often not permitted to be openly articulated nor the actual causative agent blamed in the event that it is a close relative for fear of disrupting family unity, an external agent like a witch functions as a convenient scapegoat upon which to pin the problem. For this reason, witchcraft accusations are often directed against a neighbour or a distant, rather than close relative (comp.1994, p.106-118).

My own research has revealed that the healers identified as dealing directly with witch exorcism—contrary to Wiemann-Michaels' findings—were in fact not reluctant to identify a witch as belonging to the extended family, especially in the case of a female relative, although males were generally exempted from these kinds of accusations. Vidya Bahadur, for one, directed his healing activities (and possibly, accusations of witchcraft) solely towards his relatives and was known to have tread on many toes in the process, which led to this healer's virtual ostracism from his own family circle. This may reflect the truth of the contention that people in Nepalese society do not generally wish to confront intra-family conflicts directly. In this way, they have apparently become habituated to projecting these conflicts on to outside agents like seemingly neighbourly widows who offer their victims a harmless-looking cup of tea which however, has been spiked by the evil eye or by a harmful mantra.

Similarly, normally unable to defend herself, the neighbouring widow, especially if she is alone and defenceless, may even be forced to acquiesce to the imposed role expectations. Consequently, she may be seen to behave in a "witch-like" manner causing her alleged victims in turn, to feel reaffirmed in their suspicions. They would then imagine that anything which goes wrong in their lives to be due to this neighbour who must have cast the spell out of jealousy of her victims due to their better economic position, happier family life, etc. In the process, perhaps the victim's own suppressed

feelings of guilt may also play a part, in that many people in Nepalese society are often reluctant to give even a small donation to a stranger who is not part of their own family circle. Thus, the phenomenon of witchcraft, in the present context, has evidently acquired the structure of a virtual institution: it buttresses certain socio-cultural values and stereotyped viewpoints which develop a kind of autonomy and structure of social legitimacy of their own, independent of the underlying reality which this institution may, in the process, serve to obscure or at least, distort.

Wiemann-Michaels concludes that witchcraft allegations represent "the preliminary step to healing", as this phenomenon can indeed act to restore social harmony (1994, p.117). This emerges as a rather crude functionalist theory which in effect, serves to make palatable the ugly realities surrounding the phenomenon of witchcraft beliefs and allegations. However, it may be that this author was operating on the assumption that witches in Nepal, unlike previously in the West, are not being persecuted, a myth which I hope to have successfully debunked. In the final analysis, her presumption of the "process of healing" culminating in the act of restoring social harmony is rather seen as providing ideological legitimacy for the continuation of persecution and cruelty towards the alleged witches, and by extension, any weaker and vulnerable sector of society.

CASE HISTORY

The patient was, at the time of research, a woman in her mid-30ies fictively called Lakshmi Devi (LD) from a lower-middle class background and education up to high school standard. Alleging she is a Shrestha, she is in fact, of mixed caste background, claiming her mother is Chetri and her father Shrestha. Only much later, was I made aware of the possibility that this may not in fact be true, since her mother probably, belongs to the 'untouchable' tailor or *Damai* caste. LD appears to fear the stigma attached to being lower caste and refuses, for this reason, to acknowledge her own origins.

I became better acquainted with LD when I was myself a patient upon suffering a multiple ankle fracture, as LD had kindly offered to assist me in cooking. Although I was aware that she was unusual for a Nepalese woman, especially since I had been introduced to her by the man who was at the time her foreign boy friend, I did not then realise she was a chronic patient of all manner of healers and doctors. I have focused upon her plight as I believe that this case serves to demonstrate some of the inherent inadequacies of tantric healing when it comes to dealing with severe psychosis and grievous psychosomatic disorders of a chronic nature. This is however, not to deny that the possibility that had LD not received at least the prophylactic help provided by healers, she would certainly have been much worse off.

In the course of our friendship, it gradually emerged that LD was the second wife of her husband who abandoned her after only two years of marriage in favour of settling abroad with his first wife. The explanation was that his mother rejected LD since she was not a "pure" Newar, but a product of a mixed marriage, as indicated, whereby her lower caste origins were surely known. Her husband is himself a Shrestha from the village and the story goes that he was 'naively tricked' into eloping with LD with whom he had started an affair—perhaps by LD's employment of *mohini*, according to his mother's suspicions. This was after he had already had either an arranged marriage or engagement with his first wife. At the same time, LD alleges that his mother employed the same tantric ruse to encourage him to turn away from her and go back to his first wife, despite, she claims, his formerly deep attachment to LD which he expressed by showering her with gifts, much to his own family's disapproval. This echoes a common sentiment in Nepalese society that particularly second wives should not be openly pampered by their husbands.

As she is naturally proud and somewhat arrogant, LD refused all along to divulge the truth about both her caste and marital background, i.e. that she was in fact a second, and not a first wife. It was only by chance that this fact was unearthed and even then, a convenient explanation was found: her

husband had only been "engaged" to his first wife, whereas he had formally married LD, as the fact that she had acquired a passport as his wife testified to. He, in fact, did take her to Europe on this passport and her daughter was born there. When he briefly returned to Nepal, abandoned LD on his mother's prompting and returned to Europe with his first wife, it was on LD's passport, she alleges, that he fraudulently took his first wife in her place.

After it became evident that he would not renege on his decision, LD, who was only in her early twenties when this occurred, became involved with an Indian religious cult known for its sexual permissiveness. Thus, after some time, she had an affair with a married Indian member of the sect. All was well as long as he was in Nepal and his wife safely tucked away in India; however, when she suddenly turned up, the man attempted to extricate himself from the situation by explaining to his wife that LD was "only a maid servant" who cooked and cleaned for him. Naturally, this was a considerable dent to her ego and thus she suffered her second major trauma leading to the symptoms which were to plague her throughout her life: stomach ache and ulcers, periodic blockage of her oesophagus so that she was unable to take food normally. This led to anorexia, culminating in frequent bouts of dizziness, loss of memory and headache. Other symptoms were excessive bleeding and a cyst on her uterus, coupled with psychosomatic bouts of asthma and *chopne*, possession by a witch. Hence, she made frequent trips to doctors, hospitals and various kinds of tantric healers.

The religious organisation continued to offer her sanctuary and moral support, so that, during that period, she did not need to rely on her parents for food and shelter. It was only when she embarked on yet another affair, this time with a foreign devotee, that the cult decided to withdraw its support. However, it appears that if LD had been a male, any number of affairs would have been tolerated, especially given the sect's overt ideology postulating sexual freedom. However, since she was a Nepalese female, she was openly accused of being a prostitute in front of her foreign boyfriend who, finding the insult intolerable, beat the Nepali cult member

severely. Her boyfriend proceeded to whisk her away to the ashram in India, all expenses paid. Unfortunately, however, the affair did not culminate in marriage, contrary to LD's expectations, especially since the man had invested so much concern and money in her. He had financed an expensive and complicated operation for her in India, unavailable in Nepal, which corrected her oesophagus condition. This, as she was fond of recounting afterwards, saved her from the funeral pyre, though a cremation would have been much cheaper than the operation had been. The fact that he did not proceed to marry her and whisk her away to Europe dashed her hopes in more ways than one, since it also meant that she could not be reunited with her daughter who was studying in UK.

Despite numerous attempts to ingratiate herself with the cult members again, she was not permitted back to their ashram as they felt she had betrayed their trust in her. She was consequently compelled to move back to her parental home where the *chopne* symptoms worsened as she alleged that initially only the younger sister-in-law, but then both were engaged in witchcraft against her. It was interesting to observe the operation at her home of a kind of code language consisting of *mudras* evocative of Kali operating between the female in-laws, obviously intended as a way of intimidating one another. In any event, it is possible that the allegations on LD's part emanated from jealousy of her sisters-in-law, due to their close relationships with their husbands and the numerous children they produced. Thus her visits to healers intensified, to exorcise the *bokshi* which possessed her from time to time, without her having divulged the background to her problems to them, as I could ascertain having accompanied her on these visits numerous times.

The final episode I witnessed was LD's involvement with a handsome Indian baba, a tantric practitioner evidently accustomed to having any number of consorts, both foreign and Asian. Everything seemed very positive in the beginning as the baba appeared genuinely concerned to attempt to heal her during many nightly sessions in which he tried to teach her some *sadhanas* which he hoped would calm her mind. However, it seemed their sexual entanglement ultimately had

a detrimental effect on his treatment, especially since he was used to multiple relationships and she was not. Things came to a head when she accompanied him to Mt. Kailash, against the advice of her friends; and she became subject, she alleged, to physical abuse on the baba's part. Whatever the truth may be, the fact is that she did sustain a head injury for which she was hospitalised en route. As she claimed she no longer felt safe in the baba's presence, she reported him to the police who imprisoned him for a week. An officer even accompanied her back to Nepal, for her own safety.

Despite allegedly having received such ill treatment from the baba, she continued to be infatuated with him and his "tantric kundalini", as she stated. However, since the man is a baba who periodically has other devotees and can not cater to LD alone, she developed intense jealousy, especially since she is no longer very young and beautiful. Besides, she failed to provide him with the requisite *dakshina*, which his other, chiefly foreign devotees are only too happy to donate to him in the form of dollars. The money comes in handy, as I observed, to bribe the Nepalese police who would otherwise not have tolerated the free sex (and hashish) in his ashram located on the outskirts of the holiest Hindu shrine of the Valley, Pashupatinath.

Having seen LD again after a year's separation came as somewhat of a shock since her physical appearance has visibly deteriorated. Mentally, her condition appears to be either unchanged or to have also deteriorated. The baba no longer allows her into his ashram since he has acquired a "permanent cheli", an Italian girl whom he intends to marry. LD consistently refused to heed suggestions made by well wishers to be treated psychiatrically, despite Dr. Dhruba Man Shrestha's assurances that he would be happy to treat her. It was learned that the reason for this could be that her mother periodically threatens that she will have her locked up in the mental hospital, especially since the family, understandably, find it difficult to cope with her. Her mother in particular constantly accuses her of being a whore, which according to Nepalese moral standards may not be very far from the truth. When Dr. Shrestha was consulted about her case, he opined

that her symptoms were not so uncommon, especially her alleged nymphomania. He indicated that many younger, abandoned women in Nepalese society lack a proper sexual outlet and thus their pent-up urges are often so misconstrued. In LD's case, particularly as her daughter lives overseas, she additionally lacks the emotional and moral support a child could otherwise have provided her.

Dr. Shrestha corroborated my own observations concerning the problems faced by second wives in Nepali society. Although people are generally cognisant of the fact that this is still a fairly common phenomenon, the women nevertheless do not enjoy a good social status, being shunned by society. Furthermore, they frequently imagine that the first wives have conspired to practise witchcraft against them, evocative of a more pervasive persecution complex they often suffer from. Especially if they are Newars, though, this may in fact, really happen to them (i.e., that they become victims of black tantra perpetrated by the other wife). As a result of all of these pressures, it is small wonder that they often become mentally unbalanced and suffer psychosomatic symptoms for which they prefer to seek out healers rather than doctors. Typically, in most of these cases there is no lasting cure for their symptoms which become chronic as their situations only rarely, if ever, change. They are already stigmatised as second wives by society and normally do not even wish to leave their husbands, despite the undesirability of their situation. In the majority of these cases, especially when higher status or middle class women are involved, they would not like to admit the actual cause of their symptoms to the healers – even though the latter are often able to intuit the actual root of their problems.

CONCLUDING REMARKS

In the present socio-cultural milieu, both the spheres of witchcraft and healing were found to be governed by a common idiom, that of tantra. The practices commonly associated with tantra are the same, whether one utilises them for curing a client or for harming an adversary, although

between these two poles other possibilities also exist like using these same techniques to undo the tantrically caused damage inflicted by other practitioners, in the sense of 'reversing' a curse. Our survey has shown that there were a number of respondents, though not officially healers themselves, who admitted practising tantra-mantra for this reason, i.e., to ward off or neutralise tantric attacks of this nature. The complexity of this field, however, becomes apparent when one considers the possibility that a given client of a healer may not always be an innocent victim nor, by the same token, are the perpetrators of tantric attacks always necessarily evil or unjustified in their actions.

This possibility was corroborated through the consideration of a "confession" by a German researcher, Walther Frank, who documented his own case in *Protocol of a Brahmanic Curse* (1984). He recounted his desecration of a deity's shrine despite warnings by the presiding pujaris, whereby he admitted to having lacked, at that time, respect for Hindu deities generally. In consequence, he described that he had contracted very serious and enduring symptoms, a debilitating stomach complaint and finally temporary paralysis of his entire body, which, on one occasion, made him feel he would not live through the night. In addition, he suffered from a skin disorder, an abscess and boils appearing periodically on various parts of his body, none of which were allopathically curable.

It was only after he went back to Germany that a friend who was a medium made the following diagnosis while she was in trance: "Walther is under the spell of a curse, because he violated a taboo zone, and although he knew it, he did not take off his shoes, although he was asked by those two men (the *Bahun* pujaris) to do so, who then cursed him and wished him worms in his intestines to eat him up from inside" (1984, p.51). The remedy she suggested was a Nepalese herb in the form of a dried berry, coincidentally provided by a visiting Tibetan Lama from Nepal, which finally cured him.

The question arising from the consideration of this case is: had Walther been a Nepali resident in Kathmandu and

visited a healer, what would have been the probable diagnosis? Healers, it must be noted, in the present urban context are much less familiar with their clients than those in a village setting. In the city, there is more anonymity and the time spent on healing each individual is short when there is a big crowd waiting. Even when healers have more time to attend to individual cases, though, they do not normally question the patients at length but, having asked only the most basic questions, leave it up to the latter how much or little they wish to divulge about their problems. By the same token, clients often believe that specifically tantric healers can simply intuit their problems and thus do not expect to have to say much about themselves. In any case, it seems that in the event that the clients are to blame for the curse put on them, either they would have been unaware of it or probably would not have wished to admit readily to it, especially when there are other patients in the healing room listening in on the discussions.

In considering Walther Frank's own and other cases of this kind, the following hypothesis can be formulated: when meeting a client for the first time, an ordinary tantric healer in the present urban context, must often rely on inadequate or biased information. Therefore, healers are frequently compelled to play a guessing game as to what the real problem could be, especially when their own tantric power – or psychoanalytic ability - is insufficient to intuit the actual problem and adequate information is not forthcoming from the client. In this light, I often noted that the explanation of witchcraft or *dosa* of a deity or a spirit functions as a blanket hit-or-miss diagnosis, begging the possibility that the alleged ubiquitousness of the supernatural forces may, at least to some extent, be a myth serving to obscure the inadequacies inherent in the tantric healing enterprise.

In view of the competition in this field and also since, customarily, healers must accept any patient who walks into their practice room, they are sometimes compelled to resort to subterfuge. For example, it is possible that had the researcher consulted a Valley healer about his physical problem not being allopathically curable, he could have been told that it

was the result of a deity's *dosa*, for which the healer might have recommended performing an expensive puja for his patient to appease the offended deity. If, instead, the healer simply claimed that it was a case of *bigar*—using the witch as a blanket excuse—the cure may not have materialised and a witch wrongly implicated instead. In the latter case, she would have been used as a scapegoat and in the process, the client absolved of all potential blame for his or her own curse—a seemingly convenient solution for both parties, healer and client. In the process, however, it would be shown that it is the healers who are chiefly responsible for perpetrating the myth about the alleged randomly evil ways of witches and the apparent need to counter them at all costs.

One exception to this pattern could be comprised, to a certain extent, by the *deo-ma*, as it was observed that these kinds of healers are less reluctant to implicate a client when necessary. This is because they have the convenient excuse that it was done under trance (while possessed by the deity) and thus the actual healer could not be held responsible for her actions. Incidentally, this may be one reason this kind of healer is gaining in popularity as compared to many of the others. Another kind of healer who could potentially also get away with implicating the patient would be the monk-healer, or for that matter anyone not practising healing for the sake of their own livelihood. However, even here it could not be observed that healers would genuinely confront patients they knew had caused their own suffering. The monk or nun-healer's emphasis was more on pacifying or attempting to ameliorate the patient's condition through scriptural recitation or through motivating the latter to practice meditation, thereby facilitated the process of self-healing. This was done in the hope that the patient would gradually become influenced to lead a better life in conformity with dharmic precepts. Thus, these kinds of healers hold out the promise that in future, their patients would be spared from having to suffer the effects of supernatural afflictions.

Chapter 8

Self Healing: A Viable Alternative?

Final comments concern those tantric techniques designed to encourage the sufferers to heal themselves, instead of passively relying, as most people do, on someone else to do it for them. Although found in both Hindu and Buddhist tantrism, this school of thought would appear to be more articulated in the present context in the Buddhist tradition. It mainly derives from the idea that supernatural phenomena is "all in the mind", as indicated by the Lama, J.P. Hirachan, and that even the *bokshi* herself lacks any ultimate reality. If the witch, consequently, is simply considered to be a projection of one's own (neurotic) mind then, logically, it should be possible to train the mind to overcome these kinds of negative projections. Yog Ratna had, in this connection, developed an advanced technique which he called *Yog siddhi*. This method consists in the maintenance of food prohibitions thought to excite the passions, adherence to Buddhist monastic precepts and the cultivation of mindfulness, coupled with adherence to a regular meditation routine. The ability to heal oneself and healing others merely through touch was then considered a natural consequence of maintaining this discipline and imbibing the guru's own *siddhi* in the process.

A related technique is known as *Bayu Yog* in Newari Buddhism and *Tong Ling* in Tibetan Buddhism consisting in absorbing the suffering of others and projecting one's own healthy state on to the sufferer. As related by Min Bahadur Shakya, this Tibetan Buddhist visualisation technique was pioneered by Atisa, by which the suffering is passed in the form of imagined smoke into the left nostril and retained in

the body, thereby giving a blow to the "self-cherishing mind". It is then released again through the right nostril in the form of white light. The second Karmapa is said to have cured an entire population of an epidemic sweeping Tibet at that time using only this technique.

One of Yog Ratna Vajracharya's main disciples, Maya Devi Stapit, had employed a similar technique by touching the ill part of the person's body and mentally pulling the suffering into herself which was then neutralised through meditation. This remarkable lady, standing as an example of Yog Ratna's concern to uplift women morally and spiritually, indicated that "even if we looked at an ill person, our eyes would become red. Any part of the body, hands, mind or thought, all can be used for curing others."

According to Saligram Ranjit, Yog Ratna's method of dealing with the *bokshi* (as many, particularly female devotees were afflicted by witches when they first encountered their guru) was a dharmic one of trying to compromise with the witches by encouraging them to understand their mistake. This disciple, having imbibed Yog Ratna's teachings about equality and integrating them with his own spiritual self-training, recounted a story about the possession of his own mother-in-law by the Dakshin Kali Mai. He said that whereas he had propitiated her in this condition through offerings of sweets, his other relatives who refused to do so—as she is a Hindu deity and they are Buddhists—became ill and some even died prematurely. He concluded that:

> *In comparison, I am improving day by day, developing more and more inward peace. This is largely due to my habit and practise of treating all deities alike that brought me this blessing so that until today, I have not even suffered from a headache."*

Self-healing in Dev Swami's system of Hindu tantra emanates from the *sadhana* he performs and teaches called *maha mirthun jai* (victory over death), said to prolong one's life, prevent unnatural death and counteract weak planets. He indicated that the details of this practice can only be divulged in the context of a guru-disciple relationship. Yet another vehicle

to self-healing was said by Dev Swami to facilitate the arousal of one's *adi-shakti* entailing the practise of five different *sadhanas* utilising all five elements. The practice was said to culminate in *parabrahma*, the awakening of the highest energy. Thereby the practitioner is rendered immune to illness or supernatural afflictions.

This self-styled tantric healer stated that, in his opinion, the majority of tantriks in Nepal are not genuine, but actually act as sorcerers in order to create, through tantrik means, the patient's problems in the first place (through casting a spell and blaming the witch, for example). The patients then must turn to the healers to solve them - for a price, of course. Hence, Dev Swami's own feeling about the question of the existence or non-existence of witches is that this phenomenon should be regarded as an expression of an individual's own neurosis, which, similarly to any other disorder, can be cured by self-healing through the employment of *sadhanas*. Like any other practice, self-healing can be taught, he feels, manifesting confidence in his own powers to help others in this endeavour since he has registered several successes in curing some very serious cases, which the victims had been informed by doctors were incurable. In the healer's opinion, disease is related to the following factors:

> *If someone is mentally depressed, disease starts. There is a saying in Nepali, 'he who laughs more, lives longer'. The main reasons for illness are mental problems. By using tantra for treatment, you can purify your mind and a pure mind can...get rid of worries; the [consequent] opening of the third eye serves as a protection for your body [from illness]. Your will power can cure minor afflictions without medicine, but through worry, minor afflictions become major ones. Tantric practice enables you to gain the force of magnetic waves which can even kill viruses and bacteria in your body, enabling control of illness...In my system, tantra and mantra are complementary: tantra is external and has to do with the body, mantra works internally to give peace of mind. When employed together, healing can easily be facilitated.*

CONCLUSION

An effort was made in the distribution of the questionnaire, to engulf a representative group of clients of healers in regard to ethnic group, caste, gender, age range and overall socio-economic condition. Generally, it was found that the weaker sectors of society in terms of education and livelihood, constituting the majority of the population in Nepal, frequented healers more than the other sectors. By the same token, it appears—on the basis of my own personal observations—that women frequent them more than men, although this is not reflected by the survey conducted, in which the numbers of males and females were fairly equal.

In evaluating the results of the questionnaire survey, several findings appear to be quite significant, serving as an important index of the continued existence of a particular cultural tradition, that of tantra - presumed by many observers to be declining - in the Kathmandu Valley. The survey has identified some of the salient reasons for its continuity. One reason concerns the relatively high percentage of migrants amongst the respondents. Another factor is linked with the socio-cultural conservatism of the Valley's indigenous inhabitants, the Newars, cutting across all social levels of their society.

The high percentage of recent migrants (about one quarter of respondents) was a significant variable accounting for the continued prevalence of supernatural beliefs. This was primarily due to the fact that village culture was thereby transferred into the urban context, and secondly, to the maintenance of strong ties between urban and rural spheres. In the case of Newar respondents, the rural-urban dichotomy was also considered not to be so relevant on account of the particular characteristics of Newari settlement and architectural styles, which are similar in both urban and rural areas. This factor may be said to strengthen continuity which, in the case of Newars, occurs within the parameters of a culture permeated by supernatural beliefs, acting to inform and determine the nature of many facets of the culture, especially in regard to its salient tantric idiom.

The survey revealed that females have more faith in Ajima, the 'benignly fierce' mother goddess. By the same token, women exhibited more belief than men in witchcraft, said to be the main reason for seeing a healer. Similarly, a higher percentage of females considered the witch as the main cause of illness, in contrast to the male respondents who felt bio-physical reasons to be the chief cause. Thus it would appear that Nepalese women are still more entrenched in traditional values than men. Especially when it comes to the sphere of witchcraft beliefs, women crucially act to perpetuate their prevalence, and by extension, their own oppression. Women selected themselves as the ones who suffer most, which is not surprising, since it was demonstrated that they actually do suffer more from certain grievous complaints. These include the possession syndrome, *chopne*, symptoms which are linked with conversion disorders and those arising due to their overall subordinate social position.

In regard to the probe made into the supernatural belief system, it was discovered that over half of all respondents had had experiences in this sphere serving as a decisive motivating factor to seek out the healer. It was also illuminating to note that most of these were in the area of witchcraft, additionally testifying to the endurance of a belief in witches and in *bigar*, denoting the witches' propensity to cast spells and curse their victims. Furthermore, the findings concluded that the success of a tantric healer in handling afflictions deriving from the supernatural sphere demonstrated its veracity in the minds of the clients. Vice-versa, the continued occurrence of experiences with supernatural agents proved the on-going need for and legitimacy of the tantric healing tradition.

In order to reveal some of the salient distinctions between the Hindu and Buddhist tantric healing tradition, I demonstrated the contrasting ways in which healers from these two traditions dealt with the counteraction of witchcraft. It was suggested that Hindu healers were often more forceful in the methods they employed to identify and exorcise a suspected witch than their Buddhist counterparts. Despite the existence of excesses committed on the part of some of the more ruthless and uncompromising (Hindu) practitioners, they do not,

however, appear as fundamentally less compassionate than their Buddhist counterparts. In the final analysis, it can be surmised that their overall greater propensity for risk-taking and innovativeness, especially in the sphere of witch exorcism, to a certain extent compensates for their occasionally injudicious employment of cruel and violent methods.

Concerning the future prospects of tantric healing in the Kathmandu Valley, it was found that another reason its prevalence has not significantly declined with the passage of time may be linked with the continued existence of practitioners of "black tantra". Whether wizards, witches or sorcerers, their numbers may, with the advent of modernity, even have increased. This could be due, as had been suggested by a key informant, to patronage being extended to them from the top levels in society, with tantriks acting as important agents of social control. It is perhaps interesting to note that some prominent religious leaders in India have been pointing to the existence of the same phenomenon in their own country (comp. discussion in Kakar, 1984, Chapter 7, *Cooling Breezes: The Cult of Mataji).*

On the local level, too, there are indications that this form of healing has not diminished in salience or may even be on the increase due to social contradictions which are steadily worsening in recent times. The latter inhere in an ever-widening gap between rich and poor and an attendant increase in hardship for the bulk of the population due to a steady deterioration of living conditions. This situation is worsened by the effects of the population explosion, coupled with on-going migration of people from rural to urban areas, and the unabated increase in environmental pollution. The intrusive impact of the effects of modernisation and westernisation on a developing society naturally acts to exacerbate this situation, which becomes manifested in social deviance mainly effecting the youth, for example. Though particularly this phenomenon may not have made a significant impact on Nepalese society yet, there are signs that it may do so in the near future.

All of these factors have ostensibly led to an escalation of certain psychosomatic symptoms not amenable to allopathic treatment, which therefore, are being seen as falling into the purview of a tantric healer. At the same time it has been indicated that psychiatric services are still woefully inadequate and, particularly if based on a western model, inappropriate, which was admitted by a leading Nepalese psychoanalyist. Nevertheless, patients like Lakshmi Devi (documented in the case study) may still benefit from some form of psychiatric care, especially since in her case, healers had not been able to effectively counteract her particular kind of psychosis.

When it came to the investigation of tantric healing modes indigenous to the Valley, it was found that the art of *jhar-phuk baidya*, mostly practised by high caste Hindu and Buddhist Newars, has been undergoing a process of deterioration, especially since its exponents are mainly older men who are only partially being replaced by the younger generation. Many Vajracharyas and Shresthas in particular, having reaped the benefits of a modern education are in consequence, going into other fields. However, it was found that amongst other kinds of spiritual or tantric healing practitioners this may not necessarily be the case. For example, both Sridhar Rana and Dev Swami, though well qualified younger men, are nevertheless pursuing a 'tantric career'.

It was noted that there has been a steady rise in the number of women becoming healers in place of men, possibly linked with the fact that the number of female patients may, in fact, be increasing. Their prevalence as patients could, in addition, be a learning experience for them in that it is apparently enabling them to learn this vocation themselves and thereby achieved a modium of economic autonomy. This fairly recent development has probably also been facilitated by the advent of democracy, which has increased the likelihood of social and economic mobility.

An important cornerstone of the tantric healing tradition is comprised by the conviction that physical symptoms may have a non-physical or psychic origin, predating modern medicine's realisation of the importance of psychosomatic

symptoms by several centuries. The tantric method of treating these kinds of symptoms is through the externalisation of a psychological weakness or neurosis by calling it a spirit, ghost, witch, planetary or godly obstruction. My conclusion is that the assumption of such a tangible form in the present cultural context makes it easier to expurgate the psychic source of the neurosis in question and thus, it will no longer be a burden on the patient's conscious mind. In fact, healing itself may be seen as constituting a ritual enactment of this process.

My findings corroborate the thesis put forward by Dethlefsen and Dahlke that the occurrence of illness represents an opportunity to achieve self-recognition and the restoration of psycho-physical imbalances. Disease, in their opinion, is primarily a symptom of an underlying disharmony requiring rectification through spiritual means. Modern medicine only strives to suppress and eradicate the symptom, rather than attempting to uncover the underlying psychic origin of it. Applying their theory in the present context, a *dosa* which occurs due to a human transgression of a planetary or a deity's realm is seen to produce a certain symptom. In this situation, the healer is pivotal in facilitating the process of awareness of one's transgression by making a correct diagnosis of the problem and suggesting an appropriate remedy on his or her client's behalf. Thus, it can be seen that the "illness" (which can include misfortune, for example) contains the seed of healing within itself since, in the absence of its occurrence, the underlying problem can not be remedied. As this defines the sphere of tantric healing *par excellence*, it is apparent that this form of healing plays a crucial role in the restoration of imbalances and disharmony perceived to occur periodically between the disparate spheres of reality, for instance, that of spirits-cum-deities (emanating from the subconscious mind) vis-à-vis the human-mundane (linked with the conscious mind).

This situation is evocative of a society still in a pre-industrial stage, lacking in overt structures or concepts of the alleged desirability of 'conquering' or dominating nature in order to gain greater control over the environment. The latter represents the kind of 'rationalism' more characteristic of the

industrialised countries. In pre-industrial societies, on the other hand, a symbiotic relationship of interdependence exists between the various components. The natural equilibrium between opposing forces (godly-human, natural-supernatural), rather than being taken for granted, must be actively maintained through such means as tantric practices, including healing. The popular idiom of tantra, therefore, appears embedded in a pre-industrial normative and cultural framework considered to contain positively sacred (godly) and negatively sacred (demonic) forces. As this system ostensibly acts to simultaneously curb an individual's hubris, the implications for the preservation of a defined tradition and a simultaneously anti-modernist thrust become manifest.

Although this facet of tantra undoubtedly has positive implications for thwarting rapid westernisation and preventing the erosion of the indigenous culture, when it comes to witchcraft, the situation does not appear so unambiguously positive. The witch, in this context, although partaking of the negatively sacred (through her putative link with the Ajima) is still considered human. More often than not, she is deemed female (and thus, by definition, an oppressed social category) and is in addition, the reverse image of the sacrificing, nurturing mother. The present investigation reveals that the social legitimation for victimising the witch—considered *ulta*, embodying the reverse of all that is positive in society—is still quite strong in the present socio-cultural context. Witches therefore, not surprisingly, comprise a scapegoat on which the disaffected can vent their dissatisfaction with the prevalent social conditions without, however, possessing the means of changing them for the better.

The entire edifice of witchcraft accusations would appear ultimately, to serve as a crucial means of maintaining the overall status quo characterised by inequality, exploitation and oppression of women and by extension, low castes, the poverty-stricken, or socially and economically marginalised castes and ethnic groups. Hindu, and to a lesser extent, Buddhist philosophy postulating the deterministic nature of an individual's karma may act to reaffirm this situation. This signifies an important means through which these religions can

dovetail with beliefs existing on the folk level, thereby forming a single, comprehensive cultural complex. Its essentially tantric nature can be viewed as containing simultaneously liberating and oppressive characteristics, especially in its capacity of unifying oppositions.

Appendix A

Questionnaire for Healers

(used as a guideline for discussions held with them).

A. Background

1. Name, caste (if not stated in name), age.
2. Present residence and number of houses owned (if any), Where is your original home?
3. Family situation: How many family members have you got and who do you live with?
4. Educational background: schooling and any training in the priesthood?
5. Are there any other healers in your present family or amongst your ancestors? Please chart your genealogy.
6. What is your healing designation? Have you got any other profession?
7. What are your children's occupations? Will any of them continue your healing practice?

B. Practice

1. Do you have any special area of healing which you are known for?
1. What kinds of diseases do you treat mainly: physical or supernatural?
2. Could you give us the percentages of patients who come to you for the following problems:

a. *Ped dukio* (stomach ache); b. other physical problems (name and percentage); c. mental disorders which are not supernaturally caused; d. supernaturally caused illnesses such as planetary (*graha dosa*), *bokshi*, spirits, *devta/devi*; d. any other.

3. What are your practising times and do you devote more time to priestly/religious activities or to healing?
4. How many patients do you treat daily and what kinds of people come to you mainly (i.e., which age, gender, caste, educational and economic status)?
5. How do you obtain charges from patients and how much does an average patient donate?
6. What methods of diagnosis do you employ (for example, planetary chart, *nadi*, etc.)?
7. What can you learn from measuring the *nadi*?
8. What kind of treatment do you give?
9. Do you ever refer patients to other healers/doctors? If so, which kinds of healers/doctors and for which illnesses?
10. Have there been any significant changes since you started healing in: a. kinds of patients, b. kinds of diseases, c. increase or decrease in supernatural causes?

C. General Questions

1. What are your most important healing instruments? List in order of importance and describe function of each one.
2. Same as above for methods of healing.
3. What is the most effective healing system today?
4. What is the least effective healing system and why?
5. What are the major health problems in Nepal today and why? Has the situation changed in the last 30 years?
6. What are the major causes for disease in Nepal? For example, *vata-pitta-kapha* (ayurvedic designation for humoural imbalance), *kira* (bacteria, insects), other infecting agents like the one causing *kamala pitta* (jaundice), ageing, seasonal changes, *bokshi's* mischief, *devta/devi*, planetary, any other?
7. How is it possible to prevent certain illnesses from occurring, if at all (mental and physical)?

D. Case Studies

1. Can you give us examples of some interesting cases you have treated, especially those involving supernatural causes?
2. Is it possible to speak with a *bokshi/boksha*?

Questionnaire for Clients

1. General Introduction

a. Full name and address
b. Male or female
c. Age
d. Occupation
e. Caste/ethnic group

2. Religious background

a. Which gods and goddesses do you mainly worship?
b. Which gods/goddesses are more powerful?
c. Why do you worship and what can you gain from it?
Choices:

mental peace, safe from spirits, good luck, to get *siddhis*, to become prosperous, any other?

d. How often do you worship?
e. Do you practice any other religious activities?
Choices:

tantra, *dhyan*, yoga, *bhajan*, to give alms, invite religious people, worship (*jap*, puja/*path*, etc.), give lecture.

3. Supernatural sphere

a. Which types of spirits do you believe in?
Choices:

bhut-pret, dankini, kichkinni, lakhe, khya, pisach, any other?

b. Have you ever seen any of these spirits? Describe your experience.
c. Do witches exist? How do you know? What is the proof? Describe your experience with witches.

4. Illness

a. What is the main cause of illness?

Choices:

witches, spirits, the evil eye, deities, relatives, envy, anger, hatred, any other?

b. Who suffers more?

Choices:

females, males, children, older people, domestic animals, aged.

5. Social factors

a. How is your overall economic condition?
b. What do you think needs improving?
c. How is your overall state of health?
d. Who has influenced you most in your life?
e. What kinds of changes would you like to see in your life?
f. What changes would you like to see in society?
g. Who suffers most in society?

6. Personal habits

a. Do you drink alcohol or any other intoxicant?
b. Do you smoke tobacco or *ganja* (marijuana) or take chewing tobacco?
c. What kinds of foods do you like best?
d. What kinds of drinks do you usually take and how often?
e. Which kinds of foods are healthier?
f. Do you have any bad habits? If so, what are they?

7. Healer

a. How did you find out about this healer?
b. Why did you come here?

Choices:

physical problem, spirits, deities, witchcraft, bad habits

c. What are you suffering from?
d. Did you go to a doctor (in a health post) first?
e. How many times have you seen the healer?

f. Have you come here before and did you get good treatment?
g. How much do you believe in the healer's powers?
h. How many and which healers have you seen in the past?

Choices:

deo-ma, aji, baidya, jhankri, dhami, doctor

i. What type of methods did they use?

Choices:

jhar-phuk, jal, mala, ghanta, vajra, grantha, bokshi lathi, jadi butti, acheta, karani, modern medical, any other?

j. Which kind of treatment is more effective and why?

Choices:

Medical - why? Healer - why? Any other (ayurveda, etc.)?

k. Has your condition improved after receiving the treatment?

Appendix B

Transcripts of Selected Healers

GOVINDA BAHADUR RAJBHANDARI

It was decided to present the full transcript of this healer mainly because he is one of the few *jhar-phuk baidyas* who was very explicit about recounting his background, especially his experiences in the cremation ground (*masan*), his healing techniques and treatment of his patients. The following, therefore, emerges as a rather unique document, also testifying to the eccentric nature of many healers of this genre. This may, in fact, be an indication that tantric healing and tantra in general is one of the few areas in which eccentricity and/or mental imbalance is tolerated in an otherwise predominantly conformist society. Another possibility is that constant exposure to tantric matters may naturally predispose the incumbent to eccentricity. In the course of my own research and writing on this subject, I myself would occasionally have hallucinatory experiences, believing, for example, nagas and poltergeists to be haunting my work room. Notably, these manifestations subsided automatically once the work was finished.

Govinda Vaidya, as he is known, is in his mid-50s and designates himself as an astrologer (*jyotis*), *jhar-phuk baidya* and *gubhaju*. Belonging to what is today widely considered a subcaste of Shrestha (Rajbhandari), members of this caste were formerly royal store keepers. This man is perhaps the most purely *tantric* of all healers and the present researcher encountered him through a former disciple, Min Bahadur Rajbhandari, a retired government official who became his disciple in order to develop the *siddhi* to counter witchcraft. He mentioned that while he was learning tantra under him, a

German couple presented the healer with a certificate attesting the success of his treatment of *bigar*, as they were also being plagued by witchcraft.

The healer is said by an informant to have embarked upon his career under peculiar circumstances. He was formerly a government official who was subsequently accused of malpractice, although this information could not be corroborated by the healer. Thereupon, he disappeared from home and spent a number of years in various cremation grounds, where he became a disciple of a lama (amongst other teachers) who initiated him into tantric practices and healing. He still has a photo of himself as the lama's disciple when he had grown his hair very long.

His tiny shrine room in Mahapal overlooking Mangal Bazaar in Patan city is very unusual, with hoary-looking masks adorning the walls and a shrine, blackened with soot and reddened with tika-powder, whose main centre is a *pitha*, a stone representing a form of the goddess. The man himself strikes one as slightly mentally deranged, but madness has its own rationale, and thus his way of articulation is not necessarily incoherent. He is also somewhat handicapped, suffering from partial deafness accounting for a speech impediment and also seems to lack muscular co-ordination to some extent. It required numerous visits to piece together the information derived in the following, as the man is capricious and moody. Information was also obtained from his committee members, a group of around 15 mostly male devotees organised into a kind of *guthi*, the members of which meet regularly in his practice.

At one stage, the process of my seeking his diagnosis revealed what part of his *modus operandi* may be like, consisting in a form of blackmail. When I explained my symptoms to him, he diagnosed a planetary weakness which he alleged could only be counteracted through his own intercession. He would have to offer a *kisli* and a puja for 30 days, at a cost of Rs. 300, so I indicated to him that I would have to "think about it." However, the healer, undaunted by this manoeuvre, confidently predicted that I would ultimately capitulate and

thus have to accept his offer. Strangely enough, there were several unlucky and unusual occurrences immediately after that visit, but since my determination was strong not to accept a supernatural explanation for them, they subsided by themselves and I did not ultimately need to avail myself of his services.

Increasingly, it seems as though the healer is mainly concentrating on tantra for the sake of enhancing (his own and others') businesses and professional prospects and improving his devotee's luck in general. In regard to his business activities, he markets his own preparation of "Nepali paper rope incense" (*batti*) which he calls Handmade Bhimsen Dhup bearing a label with the following explanation:

> *Since Vedic times in Nepal, the offerings of dhoop, deepa and phula [incense, oil lamp and flowers] have been an integral part of religious ritual. Incense is particularly important as it purifies the atmosphere, thereby creating a fragrant path on which deities may descend to the human realm. Different deities have their preferred dhup, for example, Lord Shiva favours pine resin, reminiscent of his Himalayan hermitages; Lord Buddha and Lord Krishna like all kinds of incense with the exception of Mahadhup used in certain tantric rituals. Nepalese rope dhup is perhaps the most ancient form of incense in the world, it is twisted to ensure slow burning and its spiral shape symbolises infinity. This particular incense is made of Himalayan herbal powder wrapped in hand made paper. It is locally known as Shanti Dhup—Peace Incense—and is said to bring peace of mind. It was made under the strict supervision of a local astrologer* [himself] *and 28 mantras and 12 deities were invoked during its preparation.*

Q: Govinda Baidyaji, how did you embark upon your healing career?

A: I used to be a businessman (trader) of dry food stuffs. When Indian currency got devalued, I lost a lot of money, as the value of the Nepali rupee was reduced from 160 to 102 and I

lost five lakh rupees. As everyone in my home was depressed, I also got depressed and became slightly mad. *[He may still be in this condition since, when he is in a certain mood, he talks to himself, whereby he claims to be communicating with the spirit world or with deities. Sometimes he converses with the deities as if he were talking on an imaginary phone, asking them their opinion about the condition of his clients, on divinitory matters, etc.]* I started to sleep outside the home and wandered about; I slept at Bijeshwori and other *masans*. At Kirtipur *masan* I saw a dreadful apparition and shouted in fear, but when I recited the Vishnu Mandir Mantra, it disappeared. It happened again after a few weeks; this time, upon the second *darshan*, I asked for a boon, saying that I wanted to know reading, writing, investment procedures for business and gain relief from my debts. The spirit answered it could not grant all that, but could only give me the shakti necessary to continue to sleep at Bijeshwori *masan*.

During that period, I was just wearing jute cloth and sleeping in the *dharamshala* (rest house of a temple). *[As a result of the boon]* in every corner of the place I began to see spirits dancing, playing music and also deities like Bhairav who cut up the bodies brought there for cremation, then cooked and ate them. There were the spirits of dogs, tigers, jackals and rats, dancing there after their feast. The left-over pieces of the bodies would also move in dance. I was asked to consume some of the flesh as *prasad* and obtained the real (tantric) shakti for healing from that. However, my madness increased at the thought of the responsibility which I as a healer would have to assume for the sick. Then I started developing supernatural powers (*siddhis*) for hearing whatever is said, even from far away, but the goddess made me promise not to divulge what I had heard to others. After six months, the royal family (King Tribhuvan's sister and her husband) came to Bijeshwori. The palace servant told me they were suffering from some supernaturally caused disorders, so I did *jhar-phuk*, recited mantras and cured them. However, I was arrested and jailed as people thought I was a politician *[working for the democracy movement]* posing as a healer. So, I had to tell them my entire life history and they took me to the palace where I received the *darshan* (auspicious sighting) of King

Mahendra. The guard told me to ask him for a boon, as I was lucky to have got the *darshan*, but I heard a voice from Ma (the goddess) saying I shouldn't take anything, otherwise my shakti for healing would be diminished; with a lot of property, I would not wish to heal or do *bhakti* (worship) for the goddess, so I decided I would limit myself to healing. This is when I started holding healing sessions, directly following my experience at the palace.

I learned tantric healing 36 years ago and have occupied this *asan* (holy seat) for the past 28. In the very beginning I started curing my own wife who was suffering from earache. Those days, I used no healing instruments, only mantra, and succeeded in curing her. People call me a *gubhaju* and a *baidya* and I perform healing through evoking the *masan* through tantra, and asking for healing power. [*He has, as indicated, a group of mostly younger (under 40) devotees from different castes, many non-Newars like Gurung, Magar, Tamang, who, although qualified and literate, have for some reason been unlucky in their businesses or became unemployed. One said being a disciple helped him overcome his depression as a result of having lost his job overseas and restored his confidence in himself, so he could continue to strive for improvement and not only reconcile himself to his 'fate'. Another Amatya (Shrestha subcaste) gentleman was a former committee member who had 'dropped out', evidently to become a tantric practitioner and teacher himself. He is a government employee and is quite articulate in English.*]

Some examples of cases which the healer has successfully treated are as follows:

1. A man was getting thinner and the doctor said it was due to impure blood. I said it was the *bokshi's bigar*, the spell having been cast under her 'orders' by Kanchu Bayu. I performed *jhar-phuk* on two different Ganesh statues, Jor Ganesh and Gopaleshwar Ganesh, did their *sadhanas*, reciting my own mantras, and the patient was cured.

2. A young girl from Lubhu (a predominantly Newar village near Patan), unmarried, was eating a lot but not gaining weight, so that even her breasts sagged; also, her menses were

irregular and she felt weak all the time. I performed *jhar-phuk* and *sadhana* (meditation) on Kumari, as a result of which her breasts got into shape again. Then I administered *jal* (holy water) and ayurvedic medicine (*jadi-butti*) for her period problem. She recently got married and is much healthier these days.

3. Young men come sometimes for treatment for drug addiction. In these cases, I recite a mantra on Datura Mahadev (Shiva smoking hemp) and cure them that way, whereas a doctor is powerless to help. Similarly for impotency I recite the mantra of Lingu Bhairav and perform *jhar-phuk*. For example, I cured a case of a man who is now living a normal life with his wife and children.

4. A camera man from Palpa (western Nepal) when going home at night would feel rustling or the shadow of a sari near him. The same night, he would hear someone knocking on his door. All the time, someone was ill in his home and already a death had occurred. I performed *jhar-phuk* for him at my own shrine which effected him in Palpa, so these things started happening less. It could have been due to the Kanchu Bayu. This spirit [literally 'unripe air'] is of a soul wandering due to the person having experienced an unnatural death. There are more spirits of this type than humans. They wander about and when they encounter someone with a weak planet they do mischief. It is even possible to feel as although 'hit' by someone when this spirit attacks. As a result, you can start getting ill, vomiting and headache. The ayurvedic diagnosis is *amala pitta* (jaundice), but even (ayurvedic) *aushadi* won't help and the Kanchu Bayu will only laugh about it. I do *jhar-phuk*, recite a special mantra and give rice, then throw it outside to appease the spirit.

[The healer alleges that Kanchu Bayu is standing in back of us and listening; he performs a mudra for him and says that witches misuse him for their own purposes by sending him to possess another person. Otherwise, the healer, in obvious sympathy with the spirit's plight, avers that Kanchu Bayu is not inherently malicious.]

5. A man who was nearly blind, but got no help from the doctor came and I did *jhar* with a human bone piece and recited a mantra which cured him. I generally recite mantras or *stotras* (laudatory verses) to different deities. [*He starts to recite the names in rapid succession and performs mudras for the most important deities. That he possesses acting ability is obvious from the contortions of his face when miming the various deities.*]

6. A doctor's wife had leprosy and they even went to a foreign country for treatment, but without any positive result. Then he came to me and I simply recited a mantra of Chobar Karuna Maya, as the *bokshi* had used the Nag Devta for cursing her and she got cured. Her husband was so impressed that he started sending me cases he could not heal. I got many patients this way, but if the patient had a purely physical problem I always refered them back to a doctor.

7. There was a case of a judge's middle son who was living in a Rana palace. He was thought to be mad, as he used to throw people out of his room for no reason. In fact, it was Kanchu Bayu who was possessing him: as the Ranas had killed many people in their palaces, so there are many restless spirits hovering there. I was taken there to administer treatment and was slightly wary, because the son was very stout. The voice coming out of his mouth (presumably, Kanchu Bayu's) told me to greet him with 'Namaste' and ask politely about his symptoms. I checked his pulse and gave him a blessing for Kalyani Devi. Then, I got a special clay brick used for Kanchu Bayu and recited *masan jap* (cremation ground mantra) on it. The boy was immediately effected and Kanchu Bayu was released (from his body).

8. Another mad case was that of an old lady living near Hanuman Dokha who was possessed by a *pret* (restless spirit) haunting the house; the spirit came all the way from Banares, though the lady was originally from Patan. I was taken to her house by her cousin's brother who had requested me not to ask her husband for *dakshina* as the family rejected the belief in spirits, but said that he would give it to me. Since the husband was rich he could easily remarry if she died, but due to

their children, they wanted to try to save her. She had been mad the past four months and in all, a doctor, seven *baidyas* and Vajracharya priests had been consulted; they were all present. I sent them out of the room and took red and black *ita* (cotton wick) and recited mantras recalling *dhamis* from all directions, slapping her body each time. The *pret* [*which was obviously intimidated by the procedure*] was speaking through her, promising to vacate her body and the house and return to Banares. I did *jhar-phuk* on the patient for three days and was paid Rs.10,000 by the husband, as the treatment proved to be successful. The problem was obviously compounded by the fact that since the family head was agnostic, they never performed puja or any form of worship and the husband said they had always preferred to consult doctors instead of healers.

Q: What are your healing methods?

A: There are several methods of healing. One is specifically to deal with the *bokshi*, as it involves directly confronting the *bokshi's* challenge. I sprinkle the patient with *jal* and then she starts shivering (if the *bokshi* is in her). I recite one to 14 different *slokas*, then the *bokshi* begs for her release and promises not to trouble the patient again. However, I do not scar the face of the alleged *bokshi* as other healers do, since this could result in a court case [*in case of false allegation*]. When clients insist on my using forceful methods like scarring [*using a hot iron to make a mark on the witches' victim which it is thought will only effect the witch*] to get rid of this problem once and for all, I charge a high sum of money knowing that they can't pay and thus, I do not need to pursue the case. I receive advice from Ma in these instances. Another method of healing is to administer *jadi-butti* over which I have done *jhar-phuk*. I make several kinds: one for general health and appetite, one for diabetes and one for women's problems, especially when the *bokshi* uses Kumari to cause menses pains. In this case, it is necessary to appease Kumari by puja to get relief from the pains. I did not study ayurveda, it was just Bhagwan's grace, helping me to know how to administer the *aushadi*. I never learned any healing from scriptures and in my family I am the only healer. In the Rana period, some of my family members were healers and food stuff traders.

Q: What are your healing instruments?

A: My main tantric instruments are a black stone (*saligram*), a flute without a hole (*bansuree*) and with my shakti I can rob the *bokshi* of her power and put it into the *bansuree*. The *asta-vajra* symbolising the eight different Bhairavs and *Asta matri-kas* is a very powerful implement. Besides the usual broom for *jhar*, I use a *panyu* (flat, round ladle for serving rice) to threaten the Kanchu Bayu and for *jhar*. The sword can drive away spirits and is employed in the exorcism of *bokshis*. In cases when people don't respond to treatment, I invoke the sun god through his image. [*The healer takes out his mala from under his shirt*]. This is a *mundra mala* strung with skulls which were carved out of human bone—I was once offered US $ 20,000 for it by a foreigner. I mostly get my power from that, as I was given it as a boon from a deity in the cremation ground. I make a diagnosis through checking the pulse, too: there are three basic pulse frequencies which are easy to detect, but when people are possessed by a god or *bokshi*, their pulse frequency is different. [*The healer trembles slightly, claiming it is due to Kanchu Bayu, who possesses him until he gets "fed", by throwing rice and reciting a mantra*]. When I make my diagnosis through pulse examination, there is no need to discuss the symptoms with the patient. Different deities possess me when I am checking their pulse. [*In fact, a healer's competence is often judged by his or her ability to correctly diagnose the case without having to converse with the patient at all, in other words, through employing their psychic power or siddhis alone*].

Q.: What kinds of illnesses or problems do you normally treat?

A: I give a special tantric paper *dhup* [as previously noted] to *sahujis* to burn in their shops which is very popular amongst all the prominent businessmen in Patan like Dhakwas, for example, (a sub-caste of Shakya known for having conducted trade in Lhasa). I treat people who get ill due to having eaten food spoiled through *bigar* in a cafe which could have been done by a *bokshi* or the Kancha Bayu. I get *jal* sent from Mount Kailash and sprinkle it over the cafe and in its kitchen

and then I tell people to burn *dhup* in three different corners. Within four days, there is normally an improvement. I use to get mostly female patients, mainly *Jyapunis*, as I was more known for curing illness than for business complaints. The *bokshi* creates mental disturbance by throwing rice with a mantra blown on it on the victim when he or she passes by. The victim then feels a sense of irrational panic and insecurity, but can't get any help from the doctor. These kinds of patients need to bathe regularly and have *jhar-phuk* daily which is also to counteract the effects of weak planets. When Jupiter and Saturn are weak, the *bokshi's* spell can effect them easily, but if these planets are strong there will be no effect.

Q.: What are the main causes of illness?

A.: The planetary system plays a prominent role in determining one's fate which includes the presence or absence of illness. There are 12 main planets which are multiplied by three, equalling 36 *ras* (planetary angles). One's past life karma can also cause many illnesses and I employ a special mantra for those cases. I refer patients with kidney and bladder stones to a surgeon, but give *jadi-butti* for small stones in the form of two litres of a special tonic. The other main causes of illness are firstly the *bokshi* and secondly, Kanchu Bayu. In fact, Kanchu Bayu is omnipresent, surrounding us all the time. It is not entirely malignant, though, and can even be helpful. Unfortunately, *bokshis* misuse him by propitiating him with puja and an offering, for bad purposes. However, modern people don't believe in these supernatural causes any longer, so we healers are slowly becoming extinct. Due to modern attitudes, schooling, westernisation and erosion of tradition, people don't care about *jutho (leftovers from a meal, considered impure)* any more and for healing, one must be very careful about avoiding contamination from it. However, there is no one to teach the younger generation about these things. Even my own sons are reluctant to accept my teaching [*they are mostly involved in business, and one has a cassette shop below his father's healing room*]. Before, the younger one was, but now he feels embarrassed by watching me perform tantra. They are in fact too cowardly and scared of supernatural phenomena. But I will train someone else if my own family mem-

bers refuse to learn. In order to learn tantra a human guru is needed, preferably even seven, which is an auspicious number. Besides the lama who was my guru I had a mata from Chobar, Jata Guru (a Tibetan from Swayambhu), a baba from Pashupati and Thaneshwor Prabhu from Devghat who sent for me to give treatment to patients. Ultimately although, your real guru is yourself: outer gurus are only mediums to discover your own inner power and to develop the requisite *siddhis*.

Q: How do you prepare for healing?

A: On any day that I perform tantric healing I must prepare a *thali* (offering plate) for puja which I perform 20 times for each deity. I need one *kisli*, too, to offer to each deity in the puja. I often threaten the patient, saying that I can only try to cure them once which increases people's awareness about following my instructions and taking the whole procedure seriously. Since I am practising the *Masan Sadak*, there is no need for fasting before healing. It is like when you burn a corpse the deities 'eat' the flesh, so there is no need for fasting. The images I perform puja to are as follows: in my shrine I worship the Hariti Ma and a stone put there to represent the *masan* from which I get a *tika*, and a Tara statue. On the wall above the shrine there is a Kal Bhairav mask which is covered because in case the *bokshi* comes it (*the deity represented by the mask*) could reach out and strangle her if it is uncovered. The masks you see on the walls are all covered with powder and ash due to the worship I bestow on them. Various masks represent the Kumari, who, as I said, is linked with the *Asta Matrikas* and is a patron deity of all healers.

RATNA DEVI MASKEY

It was decided to present the full documentation of this healer as she is a fine example of a *deo-ma*, exhibiting many of the latter's attributes. Even her healing name, Pancha Kanya Nag, is indicative of a major characteristic of Valley healers inhering in the belief that they are being protected by the Nag Devta. In common with many healers of this genre, she adopted her vocation due to dissatisfaction with her own so-

cial and economic position. Although hailing from very humble beginnings, she considers herself to be "unusually gifted" and like many *deo-ma* she exhibits marked idiosyncratic individualism and a mystical bent, coupled with a desire to help alleviate the suffering of others. Unlike the majority of *deo-ma*, Ratna Devi is progressive in her thinking and actions, besides noted for her open-mindedness and comparative honesty, which manifests itself in her rendition of her background.

Belonging to the Maske sub-caste of Shrestha, Ratna Devi is an attractive young woman in her late twenties living in Solagarhi, just outside of Bhaktapur. She presently resides with her husband and her three young children in her own house located a stone's throw away from the Arniko Highway connecting Kathmandu with Bhaktapur. Recently, she moved her healing room to the ground floor of her home, below her actual shrine room. She now sits on a regular 'throne', the healing *asan* favoured by many *deo-ma*, protected by five wood carved Nagas: Other *deo-ma* encountered have even more elaborate *asans*, although all feature the *naga* motif, some of which are quite ostentatiously sculpted in pure silver, usually donated by a devotee.

Ratna Devi's husband is a somewhat stout man, said to work as a contractor (a middle man in property transactions) and the couple own another house in her native village. Evidently, her healing practice serves as her main source of income comprising an avenue of upward social mobility. Her husband is often seen assisting her in her healing sessions five mornings a week (excepting Wednesdays and Sundays) which can last until mid-afternoon especially on 'strong' healing days, Saturdays, Tuesdays and Thursdays. Her former healing room which was next to a spare parts motor shop, was cramped and dingy consisting of a reception area and a tiny, dimly lit healing room in the back. The healer herself has the appearance of a modern young woman, obviously ambitious to achieve fame and possibly wealth, although as she complains about the paucity of donations and that doctors are respected more than 'mere' healers, as the latter are not qualified in western terms.

Since she had developed a reputation as a powerful tantric healer, she is known all over the Bhaktapur area and thus does not require a sign posting, as some other healers encountered who advertise themselves in this way. Her patients are chiefly poor and mostly illiterate women and children from the surrounding area, a fairly even number of Newars and non-Newars. An exception to this category of clientele is posed by school and college students of both genders wishing to know their exam results or receive a blessing for academic success, or for an increased ability to concentrate on their studies. Alternatively, there were female students and newly wed girls ostensibly suffering from conversion disorders, as could be observed, leading in some cases to anorexia. One young woman, a college student, had suffered from anorexia just prior to her marriage, which recurred again after a year. The stress in this instance was possibly caused by the fact that she had had a 'love marriage' with a fellow student, who was a mixture of Gurung and Newar from western Nepal. It must be noted that intercaste marriage is still rarely condoned amongst the conservative Joshis (her own caste) who consider themselves the highest amongst Shrestha subcastes, so it is quite possible that considerable pressure was exerted upon the girl by her relatives in this instance.

Another category of client frequenting the *deo-ma's* practice are business people wont to slip a thousand rupee note into the compulsory rice donation in the hope she will thereby be better motivated to improve their business prospects. This may be seen to constitute an important area of tantric intercession accounting for the prosperity of certain healers adept in this particular art. In the course of time, however, it became evident that this healer lives up to her reputation of honesty, a marked lack of hypocrisy and fearlessness, especially when encountering society's prejudices. Thus, if she feels a client is wrong, she will not hesitate to expose the latter (her trance state while healing undoubtedly helping absolve her at least partially of accountability), even at the risk of losing the client. For example, a *Parvatiya* woman consulted her about her son who had fallen in love with a Muslim girl and requested the *deo-ma* for an antidote to the *mohini* she suspected was the cause for his socially deviant behaviour. However, instead of

satisfying her client, the healer sided with the son and assured the mother his choice of girl had been right, since she was of good character and the mother had no reason to feel concerned. This instance is also reflective of Ratna Devi's overall attitude towards healing, that it is a form of social service. With the proceeds from healing, she wishes to pursue charitable projects like constructing a school in her village. Having been an unusual child herself and the victim of an early marriage, she would also like to promote children's—especially female—education and advancement.

Q: Ratna Devi, how did you attain your healing shakti and how long have you been a healer?

A: I have only been a healer for the past six years, although I definitely had the power earlier. The first time I became possessed, I was only one or two years old. I first became aware of my power when I was only three: my sister was carrying me and since I became possessed by Vishnu, I climbed up a pipal tree. Already by the age of five I was protected by the Nag Devta and people predicted I would become famous and successful at a later date. They could recognise my (potential) healing power even in those days. The astrologer predicted that if I am still alive I would become very helpful for my community since I am a human being in form only [*but actually a deity*]. I would often refuse food, so my parents thought I would die soon. I even refused to suck my mother's milk—for three weeks at a stretch I did not take milk—or eat for long periods at a time. Everyone thought my mother was very unlucky for that reason. Whenever my parents wanted to take me for a check-up, a small snake would come and protect me (from the doctor). When anyone came close to me, the snake would frighten them away. In my village, no one could imagine the snake was there for my protection, they always wanted to kill it, but I played with it instead. Once I fell off a tree, but a snake rescued me and began encircling me; on another occasion, a whirlwind took me and I landed in a pond, but the snake rescued me—there were many witnesses to this. In fact, people used to assume I was suffering from epilepsy.

In grade one, once when my teacher beat me for unruliness, I told him, "you only believe you are beating your student" and I immediately fell into a trance state. I cursed him, saying he would beat his own daughter the way he had beat me, over a period of six months and suffer from a hand infection. It actually happened like that and the teacher got a badly infected hand after three months of beating his own daughter and had to come to me to beg for my forgiveness. Later, I stopped cursing people because my curse always came true. In class three, I used to fall into trance regularly and my classmates challenged me to eat their *jutho* on a picnic to prove I was really Mahadev (Shiva). When they scoffed and chided me for, as they assumed, only having *acted* the part of the deity, I cursed one friend saying she would in future produce only daughters and no sons—and even that came true! Another person I had cursed, saying he would be unable to improve his living conditions, had to apologise to me as he had remained poor. However, when people recognise me as a deity and show kindness, they are rewarded. For example, an old woman had her *junko* [*ceremony for having reached 77, held every 10 consecutive years*] two times. She used to come for my blessing regularly [*the implication is that that had facilitated her attaining the age of 88*] and I told her past life, even though I was only five or six years old at the time. She told my father he was fortunate to have a deity as a daughter and whenever she sees me even today, she still worships me with sweets. But the villagers, having witnessed the trouble I was causing my parents, had suggested marrying me off early, so I was only 14 when I married. Since I had resisted consummating my marriage, my mother-in-law gave me a potion to make me unconscious and encouraged him to do it forcefully. Despite my early marriage, I still managed to do my SLC (School Leaving Certificate) at the same time. I also started a nurse training programme for about four months, but gave it up before it had ended since I decided that I do not like medical healing.

After that, for the following eight years, I only healed amongst my family members as I was too shy to heal publicly. I obtained my shakti for healing through the Pancha Kanya Nag. That is when I became a powerful healer and became

known by this name. [*Since it is her tutelary deity even in winter, she claims to use only cold water to bathe since she says the hot water may harm the nag. People will often avoid pouring hot water down a drain for this reason, especially due to the possible supernatural repercussions if they do so.*]

Q: Have you got any devotees or disciples who are learning healing from you?

A: I have 12 male and seven female disciples. One of my main disciples is a *Chetri* man who becomes possessed in my presence by the Ban Jhankri, the original guru of all hill *jhankris* [*a legendary shaman thought to reside in thickly forested hilly areas and to periodically abduct a young boy or, less frequently, a girl for a year or so, initiate them and then return them to civilisation*].

Q: What is your healing method and do you ever recommend that your patients should see the doctor?

A: As I am healing in a trance state, I am not sure of the method all the time, but generally I give *jal, acheta* (sanctified rice grains) and perform *jhar-phuk*. Yes, I do suggest to patients to see the doctor if the case warrants it *[as was corroborated by own observations; in fact, she was often seen to combine various healing strategies, for instance, tantric healing with a suggestion to consult a doctor or to use allopathic or ayurvedic medicine.]*

Q: What are the major deities possessing you?

A: Besides the Pancha Kanya Nag, they are Agni Devta, Hariti Mai or one of her children, Manakamana, Dakshin Kali, Hanuman and Guheshwori. I am nowadays mostly possessed by the Trinity, Brahma (the Creator), Vishnu (the Sustainer) and Maheshwor (Shiva, the Destroyer), although I also get possessed for healing by the [*mostly fierce mother goddesses or Ajimas*] Calcutta-Kali, Badrakali, Birkali, Mahakali, Bhagwati, Bangala Mukhi, Mahalakshmi, Sushilakha Bhairav, Pulchowki Devi, Bhagwan Buddha, the Nava Durgas, Durga Bhawani, Taleju Bhawani, the Sesnag and Basakinag (King of Serpent deity). [*Deities announce themselves through their characteristic mudras: for instance, when Swasthani possesses her she ex-*

hibits the mudra of reading; Bag Bhairav announces his advent by the healer keeping her head lowered and growling; Ganesh by one hand up signifying his trunk, Hariti Ajima by cradling her baby, Vishnu by holding up a conch shell (sankha) and Hanuman announces himself by her face puffed up, resembling a monkey. Her tutelary deity, the Sesnag, announces his arrival in the most dramatic way through the healer's arms and fingers curling above her head like a snake. When he arrives, there is a huge outcry amongst the on-lookers, who shower her with rice, since they are aware of the Nag's significance in ensuring her siddhi for healing and they feel they are blessed by being able to witness its embodiment. When possessed by a Newar deity like Ajima, she speaks Newari, otherwise she prefers Nepali. When in trance, she demands certain items characteristic of the deity: for example, when one of Hariti's sons possessed her, she demanded meat in a childish voice and even flirted with a nearby female patient. She may also demand money, normally only red bills when the goddess possesses her as she claims the latter prefers red over other colours. For certain items like an amulet, a set fee of Rs.200 is demanded. Her fully-fledged possession only occurs infrequently, usually Saturday mornings when there is the biggest crowd. It can be a very dramatic affair, during which she is wont to swallow large amounts, even fist-fulls, of burning ita (cotton wick), unflinchingly. She is then considered to have entered the full trance state enabling her to conduct healing and is being worshipped by her husband by tossing rice and red powder over her, uttering 'Bhagwan, Devi' and other names of deities, a precedent followed by the on-lookers. This display of devotion is very moving and acts to motivate the on-lookers to have firm faith in the healing enterprise. It also undoubtedly helps generate the 'healing illusion' referred to by Kakar, greatly facilitating the process of tantric curing. When the deo-ma begins healing, her eyes are firmly shut, her hair loose covering her face fully or only partially and her voice stacco-like and perfunctory. Most patients do not require more than a few moments of treatment and each leaves a small amount of rice as a donation, together with some rupees. The usual procedure is for patients to be asked their names, place of residence and reason for visiting the healer whereby she divines everything else through her putative psychic power. During the

sessions, minor miracles are said to occur, like yoghurt which was consumed by one of Hariti's children (possessing the healer) being mysteriously replenished.]

Q: Can you give some examples of some bokshi cases you have handled?

A: A Sherpa woman came from Helambu, who said she had been pregnant for 21 months. She had had a conflict with her mother-in-law, who had cursed her that her unborn baby would remain in her womb for three years and afterwards she would die. When I treated her, her womb was completely dry and the foetus that aborted was five to six months old. When she had consulted a doctor, he said it was too dangerous to remove the foetus, but I managed to make it wet and expel it. In another case, a mother was possessing her own daughter who came to me and the mother spoke through her saying she didn't like her seeing a certain boy. The mother challenged me (through the daughter), but when the *Ban Jhankri*, my disciple, criticised her, she leapt up and tried to strangle him and he fainted from fright. I grabbed her and managed to control her through my shakti, beating that *bokshi* very badly. I even poked her eyes with my (Shiva) trident, but only the real *bokshi* (her mother from Panch Kal on the way to the Chinese border) was injured and not the girl who she had been possessing. When she returned home, her mother claimed to have sustained the injury through having fallen down the staircase. The daughter went to the police to complain about me, when she saw how badly her mother had suffered. Although she brought the police to investigate and arrest me, they couldn't charge me for any crime. Ultimately, the daughter even came to apologise to me for bringing the police.

Q: What are some other interesting cases you have treated?

A: I cured a disease lasting 41 years and have restored many dumb people to speech. I have treated many *bigar* cases; people vomited toads, snakes and other substances like caterpillars, small fish and undigested food, bunches of hair and pieces of cloth. Patients would go to a doctor due to the inflation of their stomachs, but I guessed it was *bigar* due to a *bokshi's* feeding food which was cursed through a mantra; after-

wards, the substance (the *bokshi* had cursed) would grow in her victim's stomachs and if not extracted in time, would lead to their deaths... I have tortured a *bokshi* by poking her with needles (or Shiva's trident) and tied her to a tree outside my healing room. Afterwards, she promised not to afflict the patient any more. I released the *bokshi*, but it had no effect on the victim, who was only the *bokshi's* vehicle. My own mother, when she was only 42, got possessed by a *bokshi* and was killed in 1989. When she was cremated in Pashupati, her belly burst open and people saw a toad emerge from her stomach. It was then that I promised myself to become a healer and help people afflicted by *bokshis*. I was hospitalised due to a prolonged trance state and *chopne*, but the doctor released me, admitting it must have been due to a supernatural cause. I did a lot of social service in my village when I was a school girl; it did not have a proper water supply, electricity or a tarred road, so I wrote to the government for improvements which were then implemented.

I once cured a prominent heart specialist, who was working at the Teaching Hospital in Kathmandu. He had back trouble and even went to the US for treatment, but since it was due to *bigar*, he could not be healed. Another lady came seven months pregnant and didn't believe I am a deity. I predicted her miscarriage if she didn't have faith in my powers and that happened, too. A couple came and I told them not to leave home on a certain day; they did and were killed in an accident. A 25-year old teacher, Durga Nath Nemaphuki, a *Jyapu* from village Gundu, used to have an irrational fear at night and approached me about it, as there was no cure from the doctor. I told him it was the result of *bigar* due to jealousy on the part of his relatives as he was better educated than they were. The doctor's medicine had, in addition, created a new problem of excessive heat. I 'melted' his *bigar* down, and it took a total of 14 days for it to be expelled from his stomach. Even now, he still comes regularly for protection (through my mantras). I can also make predictions when I am in trance; for example, I predicted an earthquake in western Nepal which occurred exactly as I had forecasted.

Daya Ram, 31, from Kuleshwor was a night bus driver who I diagnosed was suffering from *bigar*, but he requires more treatment before I can remove it. He was feeling cold all over for the past six years and no doctor could diagnose the problem, which was the effect of the *bigar* having spread all over his body. It was caused by his having two wives: the first had not produced a son, so he started living with the second and the first was causing this problem, claiming he did not support her sufficiently. [*He had had to visit the deo-ma for 21 consecutive days to enable her to 'gather' the bigar, to facilitate its easy removal from his body. We were able to witness this process effected through his swallowing a raw egg and vomiting up some strange substances resembling a small fish, a bunch of hair and some undigested spinach. We were informed by the healer and the patient that this was the tangible manifestation of bigar: the patient reassured us upon a subsequent visit, that he had recovered fully from the deo-ma's treatment. However, he neglected to indicate whether or not he had, in the process, solved his domestic problems since the aggrieved party could strike again in case no permanent remedy was sought. It must be noted that as the driver was only 31 it seems he could have waited longer for the birth of a son, especially since his wife was presumably younger than himself, which is ordinarily the case in Nepal.*]

In forming an overall assessment of the healer, it seems that, despite her positive attributes cited in the above, she suffers from a mild case of megalomania in believing herself to be a very great and extraordinary personality. This could also have been a partial reaction to her marginalised position as a villager and a low-status (though upper caste) female, who had been severely oppressed due to her socio-economic circumstances. Besides, she had been subjected to additional suffering due to her extraordinary spiritual qualities as a child, which her parents did not acknowledge by giving her special consideration. Instead, they sought to marry her off even earlier than usual for someone from her caste and her mother-in-law (and by extension, her husband) also subjected her to inhumane treatment. This was coupled in her case, with an ostensibly inborn rebellious nature and a sensitivity towards social inequities.

Ratna Devi's suffering was further compounded by her mother's early and tragic death, which convinced her to make healing into a career, rather than only a hobby which it had been up to that time. Healing, while evidently representing a form of social service for the *deo-ma*, simultaneously comprises an avenue for upward social mobility, which her occasionally preferential treatment of upper status and -caste clients also bears witness to. It has, notably, enabled her to separate from her husband's natal home and placed her in the position of building her own house, to which she is continually adding new floors as a marker of her increased prosperity and prestige in the eyes of society.

When it comes to the role performed by her husband, it seems that her having become a *deo-ma* has entailed a kind of role reversal in that her former subordination to her husband was reversed in favour of his having to subordinate himself by worshipping his wife as her devotee. In this, she may also be repaying him, indirectly, for his having violated her in the beginning of their marriage, which she obviously has not entirely forgiven him for. Overall, though, it must be noted that this kind of healer is patently less conventional than the *jhar-phuk baidyas*, exhibiting a greater degree of psychological instability and eccentricity than many of the other healers included in the present survey. Thus, at least some of what has been recounted about her personal history must be taken with a proverbial grain of salt.

MUKTA RAJ VAJRACHARYA

It was decided to focus on this *guruju* since he represents a dying breed of high caste Buddhist Newar priest-cum-healer, embodying Newar Buddhist and healing attributes *par excellence*: he appears devoid of the high-caste arrogance and narrow mindedness one often encounters amongst his colleages, but is still very much a part of the Newar Vajrayana tradition. A refreshing and extremely charismatic personality, he is the image of equanimity, generosity and *bodhicita*, loving kindness, similarly to Gelong Wang Dui.

Popularly known as Bhimsen (or in Newari, Bhim Deo) Guruju, he was given this name because in his younger years he was palpably robust and considered to have fully mastered the *siddhis* necessary to combat witchcraft—only through, he recounts, using the power of *suvidya* (white knowledge or tantra) and not that of *kuvidya* (black tantra). Also known affectionately as Bhai Guruju, the healer, who is around 80 years of age, lives near Pulchowk in Patan in a joint family with one elder and his youngest son from a second marriage.

His father, Harsha Raj, was the seniormost *Thapa*, the elder of the *sangha* (congregation) of Ga Bahal, responsible for having renovated this Buddhist courtyard after "the great earthquake" had destroyed large portions of it in the last century. Mukta Raj is unable to trace his healing lineage beyond the time of his grandfather who was a king's counsellor, though the lineage is probably older than that. His father in particular was a remarkable man and a renowned healer, a long-haired mystic accomplished in *yog siddhi*, a *sadhana*, which, as indicated, encompasses the art of self-healing, which he practised at remote places. Harsha Raj was a representative at the Fourth World Buddhist Fellowship Conference of Nepal in 1958-1959, was exceedingly well read and had a large collection of books about Buddhist and other religious philosophies. He also possessed rare books on tantra which he kept in a secret place. Harsha Raj was renown for curing paralysis using only *jhar-phuk* and a mantra, and achieved fame for having cured several doctors of this disorder representing the triumph of traditional healing over western medicine.

In his capacity of *guruju*, Newar Buddhist priest, Mukta Raj was deputed by the king for the consecration of statues transferred to Tibet from Nepal and he is still being called for special pujas, especially for Karuna Maya, and for the Agan Deo, a secret tantric clan deity. Formerly, he trained people in the ritual Buddhist Charya dance performed by Shakyas and Vajracharyas which a photo of him bears witness to. It is a sign of the endurance of his particular healing lineage that three out of his six sons are also practising as *baidyas* and tantric healers. The youngest, a college student, who is the only modern educated of the sons, is only 18. The healer is origi-

nally from Bu Bahal, also called Yashodhara Mahavihar. During his grandfather's time he moved to his present house, due to the necessity for separation of property, as he has a number of brothers and six sons, though no daughters.

We spoke to the *guruju* on numerous occasions in his library, where he also stocks the ayurvedic medicine he uses, since his healing room faces out to the noisy bazaar. An affable man, he immediately inspires trust and is able to generate a feeling of well-being by his very presence, a healing experience in itself. Even when talking to strangers, he is quite open and willing to chat at length. His entire family is notable for their friendliness and his elder son Lalit Raj, who has a separate healing practice in the same house, is also interested in tantra, though practising mainly ayurveda. His style, however, is quite distinct from that of his father. The son, unlike his father, prefers to wear modern clothing, trousers and shirts even while healing, instead of the otherwise obligatory priestly garb consisting of a kind of *kurta-pajamaa* (a thin white cotton tunic top over baggy trousers, normally worn with a black vest and a black Nepalese cap). Over Lalit Raj's healing *asan* there is a large poster of the Kumari, reflecting, as he claims, the Kumari's role as the patron goddess of Kathmandu Valley healers.

Q: Mukta Raj Guruju, do you treat mainly physical or supernaturally caused illnesses?

A: I treat both equally, physical and mental illnesses. I do not treat people when they are being possessed by the *bokshi*, though, but only when the patient is troubled by them generally or had a spell cast (*bigar*) on them. The reason is that I fear I may become the *bokshi's* enemy. I wish to heal in a benevolent manner only, and not cause anyone harm, even if they are *bokshis*. Once, two westerners came here with a Nepali man to request me to teach them *bokshi vidya*, and when I refused they asked for a referral. As I do not associate with sorcerers I couldn't refer them to anyone. The *bokshi* mantra originated from Shiva who recounted it to Parvati. It is not written in any book, so it can only be transmitted orally. It is enough to listen to it to learn it. The mother can pass it on

to her daughter (or daughter-in-law), before her death. Those who have learned the *bokshi* mantra and still not practised it wrongly as in black magic will accumulate good karma, thus it possesses power, even for beneficial purposes. But out of impatience, due to personal troubles, some people misuse the mantra. In that case, they will reap the effect of bad karma, and especially if they use it against their enemies and their future generations will disappear, even in one life time. As a human being, one should always practise generosity and charity, which is what all Buddhists are supposed to do. Buddhists should have compassion [which is a question of religious or monastic training]. In Thailand, even the king must become a monk for some time and he is very helpful towards his subjects. In fact, the greatest religion is to help others and I help the local people through healing them. I have no fixed rate for my treatment, so I can't get rich this way, at least not on the basis of what I earn from donations for my treatment [*though he gets more dakshina for holding pujas*].

Q: In what ways are you trying to avert the causes of illnesses and of natural disasters?

A: The main protectors from illness are at Swayambhu: the Hariti Maiju, Bijeshwori (Akash Yogini) and Vidyadhari. If one goes to worship there and pleases the goddesses, one can avert illness. In Nepal, we *gurujus* are trying to avert disasters by influencing the planetary constellations—a good constellation wards off the influence of bad planets. All planets are linked with the *matrikas* (mother goddesses): there are nine planets and nine *matrikas* and we must please the ones who have caused certain illnesses. The *Shri Hariti Dharani Stotras* (laudatory hymns dedicated to the Hariti Ajima) contain mantras used for healing and to ward off unnatural death and accidents. Hariti is considered a *matrika* just as Kumari is, who can be prevailed upon to prevent and cure illness.

We *gurujus* in Patan offer special pujas, seven days and seven nights at the Karunamaya festival and perform other rituals, too. Recently, I went to talk to other priests about how best to protect Nepal and we decided to get the blessing for protection of all citizens of Nepal from the three main Kumaris

(in Kathmandu, Patan and Bhaktapur). There are many disasters in other countries, but if they knew the method, they could also prevent them. However, it is necessary to purify one's mind before doing anything. The Theravada bhikshus (monks) are not doing much to help. They cannot treat people, produce or stop rain as we can. They are hardly concerned about people's problems, not like we *gurujus* who are trying to alleviate suffering on many levels, and we recite the *Pragya Paramita* for this purpose.

Q: Are you mainly a priest or a healer and what kinds of diagnostic and healing techniques do you employ?

A: I mainly do priestly work in the mornings and healing in the afternoons and evenings. I use ayurvedic medicine and pulse diagnosis, astrology, tantra and pujas. In my healing practice, I employ four kinds of knowledge: *jhar-phuk* with peacock feathers and mantra, usage of the *vajra*, *jal* and *bhi-butti* (ash) which was especially consecrated. I also use a mala whose beads were taken from a *chandan* (sandalwood) tree, not the *rudraksha* mala used by Shivaites.

Q: Do you ever refer patients (for example, bokshi cases) to other kinds of healers?

A: I first do *jhar-phuk* and try to drive the *bokshis* away, in case they have cast their evil eye or done *bigar* on the patient. In case of possession, I refer them to a *deo-ma*. There are about 100 *deo-ma* in Patan alone, but only three famous ones, a Vinjankar, a Shakya and a Maharjan. In any case, I first try to remove the supernatural cause of illness, the *dosa*, then I may try ayurvedic medicine which I have made myself. If it still doesn't work, I refer them either to a *Kaviraj* (ayurvedic specialist) or to a doctor. However, as long as the supernatural cause is there it cannot be treated by a doctor. Nepal is the haunt of so many supernatural beings (*bhuts*, *nagas*, etc.); whereas in other countries, you may not have this problem. The reason is that the Kathmandu Valley was formerly *Kali-dahu*, a big lake full of *nagas* and *dakinis*. When the water was drained away, they were given special duties to perform, but if their sphere is violated or in case they are not propitiated, they still cause problems.

Q: What is the relevance of Yog siddhi for healing, and do you know the technique yourself?

A: It is meant primarily to prolong life and for mitigating the occurrence of diseases. It is basically a method of breath control, to slow it down. The more quickly you breathe, the more your life is shortened, so that when you suffer from asthma you use too much breath and your life becomes shorter. Thus, with the technique of *Yog siddhi* you can cure disease and prolong your life. My father mastered the technique, he could even open the top of his head [referring to a yogic technique of liberating the last chakra located on the top of the head to attain *moksha*]. It also involves doing *jap* at the cremation ground. Besides the practice of *Yog siddhi* which has kept me healthy, I am very careful about my diet. Life is shorter due to anxiety and sickness. You must sleep less for good health, "early to bed and early to rise" is the (of health and hygiene) best maxim and take a morning walk. Follow ayurvedic rules and practise meditation (*dyan*)—these are two main sources of good health.

Q: Where did the technique of Yog siddhi originate?

A: *Yog Siddhi* came from the Indian *rishis* and from the Adi Buddha, Vajrasattvo, who imparted this technique to his followers. Formerly in Nepal, people were capable of talking to the gods and goddesses, especially after Manjushri drained the valley's lake of water, so there were many nagas and deities around. In *Satya yuga*, the life span of humans was very long and there were no eclipses in those days. There were two Buddhas in *Satya yuga*, *Treta yuga* also had two Buddhas and the Drapa Yuga witnessed Krishna's birth. In *Kali Yuga*, Sakya Muni Buddha was born, along with Dipankar Buddha. In Nepal, the Hindus have also adopted Buddha as an avatar. *Yog siddhi* originated from the very beginning of *Satya yuga*, otherwise, how could Gautama Buddha have practised it? All gods and goddesses mastered it; Sakya Muni Buddha practised it so long that even grass grew around him. He had a strong determination to achieve enlightenment through this technique. At Swayambhu, Santikar Acharya, the founding father of Vajracharyas, meditated in Santipur Cave and just inhaled

and exhaled once, thereby prolonging his life, so he did not even require food or drink. The last of that lineage was Jamanaa Gubhaju [the legendary healer and founder of Ratna Raj's lineage] and another important lineage holder was Siddha Vajra.

Q: Can anyone practise Yog siddhi and achieve the same result?

A: It is not limited to any caste, anyone can practise it and reach that stage. In Tibet, the Dalai Lama and others can decide their next incarnation through that technique. You must have a guru for pranayana (yogic breath control), otherwise the breath will go up to the brain and act to open the last chakra, but will not descend again. You could die if it cannot descend again, so you need a teacher to make sure it will. Nowadays, hardly anyone has mastered this technique since most people have become carried away by greed and prefer making money. Formerly, those practising *Yog siddhi* could have control over time and space, to shorten and prolong it. But now, this is just history. The *devas* like Pala-deo and Akash-deo, who came from the sky were caught by help of a mantra and the *gurujus* who possessed that power requested them to stay here and help humanity. But those books explaining these *siddhis* are hard to locate nowadays and might even be lost. Even genuinely learned people are hard to find since people's minds are too scattered nowadays and they lack the necessary one-pointedness of mind. Formerly, *gurujus* could easily go inside a shrine and perform puja for rain. That was when pure Vajrayana Buddhism was being practised, but now we have come down to the Theravada tradition again, which is the lowest, least developed form of practice. Formerly, there were special mantras offered to different deities and spirits just to pacify them, that was all that was necessary.

Q: What is the main cause of disease in this day and age?

A: The main cause is greed, because vices increase due to greed. People employ bad means due to greed. Through vice, the mind gets polluted, then diseases arise. Formerly, people's movement was limited so their desires were also circumscribed. Now, that is no longer the case and especially through

the introduction of foreign goods, many people wish to possess them and greed becomes strengthened. People are becoming more and more greedy. Vice and viciousness is growing and disease, in consequence, is spreading. You can hardly find a doctor nowadays who has attained 60 years of age; even those in unclean professions like sweepers live longer! Formerly, people ate simple, pure foods and wore solid clothing. Now, clothes are hardly designed to protect the body, the concern is only for fashion. Foods are richer, more varied and in consequence, may not be as healthy, so life is shortened. I have been observing doctors who are very conscious about cleanliness and eating unpolluted food. However, they still could not prolong their lives. Formerly, people were more physically hard-working and could digest their food better as a result. Now, people eat more and work less, they prefer to go by car and by motorbike, so they come down with disease more frequently. It also has to do with the presence of good or bad karma and *graha* [planets]: those lacking strong planets, even if they try, won't achieve what they wish.

The most important thing is to help others. The Japanese and Germans have been very helpful to Nepal by building bridges and especially by preserving monuments, thereby promoting good thoughts and accumulating merit. This is the meaning of religious life: helping by providing people's livelihood and preserving the heritage at the same time. Giving material things alone is not enough, old things must also be preserved. Formerly the followers of Mahayana and Vajrayana Buddhism were strong practitioners of *Yog siddhi*. Then the Rana rulers expelled the monks from the country since they (the Ranas) were self-centred, only wishing to promote their own faith (Hinduism). The Ranas also did not protect or help their subjects by ensuring their livelihood, so in consequence, their power and future generations declined.

Q: Is there anything of merit in modern medicine?

A: All kinds of medical practices are good, but there are some important mantras for special diseases which cannot be cured through other means. For example, I handled the case of an alcoholic from UK who could not give up drinking, but after

only seven days of *jhar-phuk* he gave up. Even some foreigners from Italy with stomach diseases were cured after seven days of *jhar-phuk*. They could not get good treatment in their own country, so there must be something special in Nepal. Nepal is a wonderful country for spiritual healing. Allopaths often have contempt for *jhar-phuk* practitioners, but they should respect them more. For example, in the case of possession through spirits or the *bokshi*, there is no medicine which can cure it, but it can only make it worse.

Q: What is the exact meaning of jhar-phuk?

A: While performing *jharnu* we recite some "sweeping mantras", to sweep away impurities and bad influences, whatever is not conducive to good health, and blow on through *phuknu* some healing mantras. In tantra, there are ten different kinds of mantras which must be applied in different cases. They must be learned at the cremation ground (*masan*), since they can't be learned through books alone: you must invoke a special *bayu* (spirit) to give the healing power (*siddhi*), but for this you must please the spirit first. These mantras are not restricted to a particular caste, anyone can get this power through mantra, by practising *jap* at the cremation ground. *[This obviously belies the theory, propounded by other healers, that the so-called 'God-healers' do not derive their siddhis from the masan.]*

Appendix C

Samples of Clients' Responses to Questionnaire

The following are some examples of the kinds of responses which were obtained from the questionnaire survey conducted with the help of five research assistants. They were initially transcribed in Nepali and translated subsequently into English. The examples were chosen amongst all the ethnic groups included in the survey, male and female: *Bahun, Chetri, Janajati* and various categories of Newars. They were chosen because they were representative of the majority of the kinds of responses normally received.

***BAHUN* - Female**

Krishna Kumari Upadhyaya, 75, retired Rana's maid servant

Worships: Shiva, Buddha, Ajima, Kali, Bhairav, Chandra Surya, Bishnu Narayan, Bishnu Bhagwan.
Believes in: all spirits.
Believes disease is due to: bad habits, *bokshi, bhut-pret, devta-devi.*
Who suffers most: Females, aged, children, but especially those without children.
Healing Preference: Ayurveda, due to no side effects.
Her problem: poor eyesight, headache, body ache, no mental satisfaction. Many of these are probably due to my old age, but also due to the *bokshi* since there was no help from the doctor.
Recovery: a little mental peace (from the healer, a *deo-ma*).
Experience: "Many years ago, I worked in a palace which belonged to Jaya Bahadur Rana. In my room, I could hear weeping of children and women and saw figures of infants and women. I reported this to the Prime Minister Juddah

Shumshere, who called a healer to solve the problem, which helped somewhat.

I saw many *bokshis* in the palace, too. The Ranas used to kill many of their female servants (whom they had raped first), who had previously been accused of being *bokshis*; their ghosts troubled the Rana's infants. I myself had seven children, but they were all killed by the Ranas as they were illegitimate. Thus, I see my children's spirits even now, in dreams."

***BAHUN* - Male**
Shiva Hari Pokharel, 11, school student

Worships: Shiva, Bhairav.
Believes in: *dankini, kichkinni, Pancha-Bayu* (a kind of *bhut*), *pisach, bokshi.*
Believes disease is due to: bad food.
Who suffers most: Children, Sarki (blacksmith, an untouchable caste).
Healing Preference: medical.
His problem: indigestion, no appetite, probably due to the *bokshi.*
Recovery: a little from the healer (Guruba).
Experience: "Two years ago around nine o'clock at night, my mother and I saw a *pancha-bayu* with two eyes on its shoulders, leading a dog.

Another time at Tihar, when I was eating, I met a *bokshi* who put the evil eye on the meat I was eating. So, I refused to touch meat after that. My mother called a healer who performed *phuknu*, then I resumed eating meat again."

***CHETRI* - Female**
Kanchi Khatry, 40, farmer

Worships: Shiva, Kali, Yogini, Bhairav.
Believes in: all spirits.
Believes disease is due to: *bokshi.*
Who suffers most: females and farmers.
Healing preference: both equally (Western medicine and healing).

Her problem: "I have been suffering from *chopne* for the past two years, but the hospital treatment did not help me, so I believe it must be due to the *bokshi*."
Recovery: a little.
Experience: "One night, I saw an ugly man who became elongated and touched the sky. I realised he was a *bhut*, so I changed my route home. I have been bitten many times by the *bokshi* and got ill, but the healer helped me."

***CHETRI* - Male**
Ganesh Bahadur Thapa, 30, government employee

Worships: Shiva, Durga Bhavani, Nava Durga.
Believes in: all spirits.
Believes disease is due to: bad food.
Who suffers most: Children, untouchables.
Healing Preference: allopathic
His problem: swelling, blotches on skin due to the *bokshi*.
Recovery: none yet.
Experience: "I have not seen the *bhut* myself, but my grandmother used to tell me about the *murkata* coming on a white horse. Once in the village just before midnight, at an intersection, a group coming back from another village saw a *bokshi* with her fingers lit up, wearing an iron dress [for protection from the healer's *Indra ban*, to cut her tantric power], showing bare breasts, with an ugly face, dancing. When she spotted them, she disappeared."

JANAJATI - Female
Jeti Tamang, 40, Carpet factory worker

Worships: Shiva, Buddha, Kali.
Believes in: *bokshi, bhut-pret, dankini, kichkinni, pisach.*
Believes disease is due to: *bokshi.*
Who suffers most: Women and the poor.
Healing Preference: spiritual healing.
Her problem: body ache due to the *bokshi.*
Recovery: Somewhat from healing.
Experience: "In our village at night, I saw some ugly shapes of *bhut-pret.* On the full moon night, the *bokshi* normally bites

me, then my shoulder worsens. Only the healer's *jhar-phuk* makes it improve somewhat."

JANAJATI - Male
Desh Bir Tamang, Thangka painter

Worships: Buddha.
Believes in: *bhut-pret, dankini, kichkinni, pisach, bokshi.*
Believes disease is due to: one's own bad habits.
Who suffers most: Children, aged, people in remote areas.
His problem: "I was suffering from ulcers and consulted the healer who said it was due to my own bad habits and my weak planets (*graha dosa*)."
Healing preference: Western medical.
Recovery: somewhat.
Experience: "In the evening, I was returning from another village when my way got blocked by an old tree. I was knocked down and when I got up, I saw it touch the sky. That was a *bhut* which tried to attack me, but when I remembered the Lord Buddha, it could not succeed. Another incident occurred in my village, where an old woman used to bother us a lot. She would damage our crops, kill our animals and trouble us, too. When she died, the problem was solved automatically."

NEWARS - SHRESTHA - Female
Suvarna Shrestha, 28, Sahuni

Worships: Shiva, Bhairav, Lakshmi, Kali, Bhimsen.
Believes in: all spirits.
Believes disease is due to: *bokshi,* bad hygiene, wrong diet.
Who suffers most: Children, aged, untouchables.
Healing preference: both Western medical and traditional healing.
Her problem: mental unbalance due to the *bokshi.* She also goes for hospital treatment, besides the healer.
Recovery: none yet.
Experience: "Often, when I was returning home, someone would catch my shawl in the back and stop me. When I looked back, it was a hideous-looking man. I remembered Kali's name and he disappeared, so I think he was a *pisach.*

Our business also suffered due to the *bokshi* and a chicken, a dog and two goats died. We went to the healer and then our business improved again."

SHRESTHA - Male
Surendra Shrestha, 46, Sahuji

Worships: Lakshmi, Ganesh, Bhimsen, Dakshin Kali, Surya.
Believes in: all spirits.
Believes disease is due to: *bokshi, bhut-pret, devi-devta, graha dosa.*
Who suffers most: those effected by the *bokshi, graha dosa* and untouchables.
Healing preference: both healing and modern medical equally.
His problem: "Due to my bad drinking habit, I quarrel with my family, but they believe it is due to the *bokshi*. I visited the healer who diagnosed the *devi-devta* as the cause."
Recovery: a little.
Experience: "Once when I returned home in the evening, I saw a beautiful woman with her feet on backwards. I tossed rice at her which had been given by the healer and she disappeared, so I knew she was a *kichkinni*.

Twice I suspected a customer to be a *bokshi* when my business worsened. I went to the *dhami* who suggested worshipping Bhimsen and the *devi-devta*, so then my business improved again."

BUDDHIST NEWARS - Female
Yella Devi Vajracharya, 30, housewife

Worships: Kul Devta, Ajima, Buddha.
Believes in: all.
Believes disease is due to: *bokshi.*
Who suffers most: Females.
Healing preference: more in spiritual healing than medical.
Her problem: "My son was suffering from a bad fever so I took him to the *deo-ma* who diagnosed the *devi-devta*, did *jhar-phuk* and gave him *jal*."
Recovery: total.

Experience: "I am occasionally pressed by a *Khya* and I get *bokshi* bites sometimes."

MALE
Sujan Tuladhar, 20, supervisor

Worships: Buddha, Kul Devta, Kumari.
Believes in: mainly *bokshi.*
Believes disease is due to: envy of relatives.
Who suffers most: mainly females.
Healing preference: both Western medical and traditional healing equally.
His problem: none, but has experience of other's problems.
Experience: "My aunt was possessed by the *bokshi* and used to tremble a lot. She tried to kill her own son, who was only five, while she was in that condition. The healer we called was a *bhikshuni* (Theravada Buddhist nun) from Naya Bazaar who cured her fully by chanting and meditation.

At my grandfather's compound at Jyata [a district in Kathmandu] he ordered a particular tree cut down. We were told there was a Kumari (Ajima) under that tree, although no one was worshipping there. The next day, he got very ill, so we suspected it was due to the deity's displeasure (*dosa*) and consulted a *gubhaju*. He advised constructing a small shrine for the Kumari lodging there and my grandfather recovered after one week of its construction."

***JYAPU* – Female**
Nani Beti Maharjan, 80, retired farmer

Worships: Ajima, Buddha, Yogini, Karuna Maya, Shiva, Kul Devta.
Believes in: all spirits.
Believes disease is due to: *bhut-pret, pisach,* bad food.
Who suffers most? - the elderly.
Preference: spiritual healing.
Her problem: bad appetite, fever occasionally.
Recovery: somewhat.
Experience: "I have had experience of the *khya.* Their eyes are blue-green like cat's eyes and glowing. I have also seen spirits in the form of shadows at night and sounds of them using the

stair case: it could be a *pisach* or (Newari: *sheek)* which comes especially when I have a dream of a dead person and I see or feel the presence of their spirit."

JYAPU - **Male**
Hari Nasutu, 45, farmer

Worships: Ajima, Kali, Bhairav, Kul Devta (Nava Durga).
Believes in: *bhut-pret, dankini, kichkinni, lakhe, khya, pisach, bokshi.*
Believes disease is due to: *bokshi, bhut-pret, devi-devta*, climatic changes, bad food.
Who suffers most: Children, the aged, farmers as they are illiterate and poor.
Healing preference: spiritual healing.
His problem: "I drink and smoke excessively, suffer from asthma and body ache, but there was no cure from the hospital so it must be due to the deity's displeasure (*dosa*)."
Recovery: a little.
Experience: "Once, at the river side, I saw a human with an animal's face. I got a fever and saw the *guruju* who confirmed it was due to the *bhut.* He performed *jhar-phuk* and I improved."

NAI (butcher caste) - female
Basmaya Shahi, 28, Sahuni in meat shop

Worships: Bhimsen.
Believes in: *bhut-pret, dankini, kichkinni, lakhe, khya, bokshi.*
Believes disease is due to: *bokshi* and *bhut-pret.*
Who suffers most? - Children, poor people, my own caste since it is untouchable and backward.
Healing preference: medical and healing equally.
Her problem: "Due to the *bhut-pret* or *bokshi-boksha* I became very weak, but didn't respond to medical treatment, so I went to the lama for getting cured. Sometimes when I drink, I quarrel with my in-laws."
Recovery: I am definitely benefitting and my health is improving.
Experience: "We hear a *khya* occasionally in the house: it is the spirit of a relative who died while a girl was in *gufa* (men-

arche confinement), since anyone who dies during that time must get buried in the home.

Another time I saw a *kichkinni* in Bhaktapur at the Hanumante River. She was very beautiful with long hair, breasts flung over her shoulders and feet turned backwards, her stomach depressed. When I saw her, I immediately ran back home. *[It is very unusual for a female to sight a kichkinni, since the latter is thought only to be interested in enticing men. However, women with lesbian tendencies – though they are normally suppressed, as possibly in the present case - are not altogether unheard of, even in Nepalese society.]*

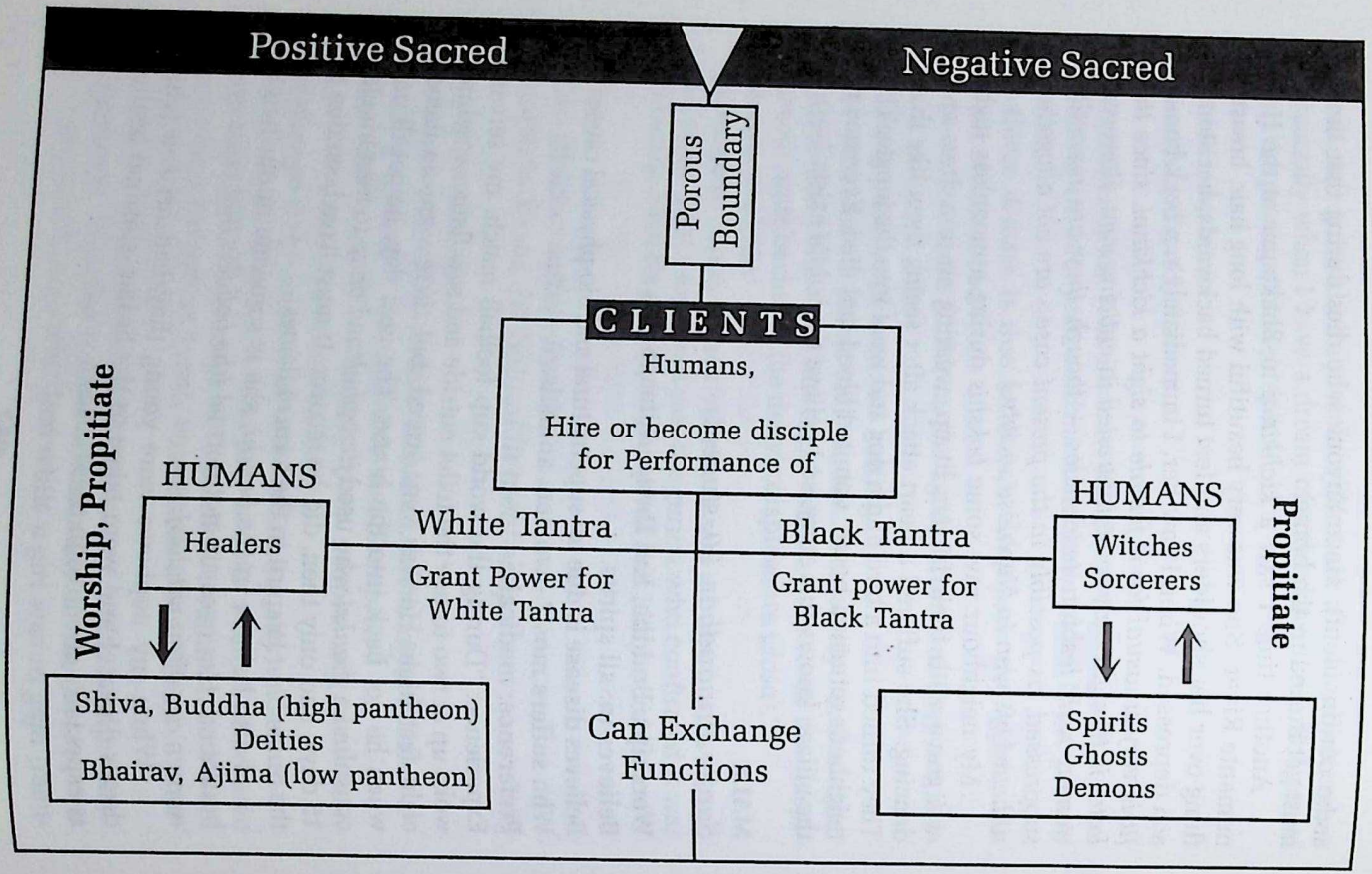
My neighbour saw some *bokshis* during a moonless night at a grave with their fingers lit up, wearing an iron dress and dancing. She suffered a heart attack after seeing them like that. They turned into a bird and a dog and went into the jungle. The neighbour returned home, vomited blood and died. Everyone in the village knows this story, so I believe the *bokshi* exists."

MALE
Sanjiv Manandhar, 20, student

Worships: Buddha, Kul Devta, Ajima, Shiva.
Believes in: all spirits.
Believes disease is due to: supernatural and bio-physical causes.
Who suffers most? - women, animals.
Preference: medical.
Experience: "During the world cup football match, my servant woke up at two to use the toilet outside and saw flames reaching eight feet high. He was very scared, but there were no flames when he got back into the house. The next day, he got ill and consulted a *jhankri* who used *jhar-phuk* and *dhup* to treat him for 15 days, and only then, did he recover. It must have been due to the *ranke bhut* [a spirit in the form of flames].

I also believe in the *bokshi*, she is someone in our neighbourhood. Her eyes are not normal *[the belief is that cross-eyed women are often witches]*.

When my nephews were young they had *ari kon* [children's disease] and were taken to the healer: spiritual healing is especially effective in these cases."


Positive Sacred
Negative Sacred
Porous Boundary
CLIENTS
Humans,
Hire or become disciple for Performance of
Worship, Propitiate
HUMANS
Healers
White Tantra
Grant Power for White Tantra
Black Tantra
Grant power for Black Tantra
HUMANS
Witches Sorcerers
Propitiate
Shiva, Buddha (high pantheon) Deities
Bhairav, Ajima (low pantheon)
Can Exchange Functions
Spirits
Ghosts
Demons

Glossary

Acheta sanctified rice used for ritual purposes, including healing

Aji traditional mid-wife, also tantric healer

Ajima (Newari) fierce form of the mother goddess

Akha lagyo to cast the 'evil eye'

Ari kon (Newari) same as *runce*

Asan a healer's 'throne' or tantrically empowered healing seat

Aushadi ayurvedic herbal preparation

Bahal/Baha Newar Buddhist courtyard, formerly a monastery

Bahula madness, mad

Baidya ayurvedic practitioner

Ban katne to cut through the spell cast by a witch

Bhikshu/ni Theravada Buddhist monk or nun, who may also practice healing

Bhut general term for ghost, often used interchangeably or together with *pret (bhut-pret)*

Bigar/nu to curse, 'spoil' or cast a spell on someone

Bir, Betal demonic beings which often assume the form of domestic animals to suck a victim's blood

Bir sadan *sadhanas* for tantric empowerment, usually performed at a *masan*

Bokshi/a female or male witch

Bokshi lathi staff used to beat an alleged witch

Bokshi vidya witchcraft

Chopne trance state, caused by possession by a spirit, witch or deity

Chwasa deo (Newari) cross-road or a raised ground on which ritually impure items are deposited; *Chwasa* deity

Deo-ma (Newari) female medium for healing goddess, Hariti

Dhami shaman from the mid-hills or any rural area; term is used interchangeably with *jhankri*, but can also

	be used to mean an ancestor cult priest; does not always go into trance
Dhup	incense, also used in healing
Digu Deo	(Newari) same as *Kul Devta*
Diksha	tantric initiation into a caste or priestly status
Dos, dosa	punitive sanction meted out by a supernatural agent, usually a deity or planet when displeased
Dhyan	meditation
Dankini	malignant female deity
Ghanta	bell, complement to *vajra*, also used in healing
Ghar	a married woman's home
Graha dosa	weak planet
Gubhaju	(Newari) high caste Newar Buddhist priest-cum-healer
Gufa rakne	menarche confinement of a young girl
Guru dakshina	offering made by a disciple to her or his guru
Guruju	(Newari) same as *gubhaju*
Guthi	(Newari) a formal association of males formed for a specific purpose
Ita	(Newari) a cotton string wick
Jadi butti	ayurvedic herbal medicine
Jal	holy water used in healing
Jantra	amulet
Jap	silent mantra repetition
Jat	caste
Jati	ethnic group
Jhankri	same as *dhami*
Jhar-phuk	tantric healing method of sweeping off bad and blowing on good mantras or influences
Jyotis	astrologer, who is also often a tantric healer
Kancho bayu	spirit from the *masan* (literally 'unripe air')
Karani	sanctified ash used in healing
Kichkinni	seductive female demon characterised by feet on backwards
Khya	(Newari] demonic being, either malevolent or benevolent, usually haunting old Newar houses
Kisli	small clay container used for offering to deity

Ko-won	(Newari) skeleton demon, considered *khya's* partner
Kul Devta	lineage deity, usually goddess in form of stones
Kuvidya	black tantra
Lakhe	(Newari) demonic being known for big appetite
Maiti	a married woman's natal home
Masan	cremation ground
Mohini	bewitchment or enticement, 'power of attraction'
Mudra	hand or body gesture evocative of a deity, used in healing and pujas
Mul guru	root guru
Muraha	spirit in tiger shape
Murkata	headless spirit, riding on white horse
Nadi	ayurvedic method of pulse examination
Nyasa	tantric visualisation of deity through its projection into one's own body
Pisach	spirit of someone who died a violent death, thought to cause severe symptoms
Pitha, Pith	formless shape of deity (round stone)
Prasad	sanctified food offering to deity or from deity
Pret, Preta	restless soul, wandering prior to completion of death rituals; symptoms are usually mild when sighted
Rakshasa	giant, ogre or flesh-eating demon
Rakshi	home brewed high percentage alcohol
Runce	infant's irrational weeping due to contact with pregnant woman
Sadhana	tantric exercise leading to mukti
Samadhi	highest achievement of consciousness, resembling enlightenment
Siddhi	occult or tantric power acquired through *sadhanas*
Stotra	laudatory verse glorifying a deity
Suvidya	white tantric knowledge, also used in healing
Tantra-mantra	healing through tantric means; sorcery, witchcraft
Vajra	thunderbolt; salient symbol of Vajrayana Buddhism, used in priestly and healing activities
Vihara	Theravada Buddhist monastery
Yantra	sacred diagram symbolising divine manifestation, used in tantric *sadhanas*

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P. B. I.
B. I. C.

A comparative study of Hindu and Buddhist spiritual healing traditions in urban Nepalese society, the book encompasses a full catalogue of methods and materials employed by Kathmandu Valley healers, while including a survey of those frequenting a healer's practice, the complaints they suffer from and the kind of treatment received. Since witches were still considered the main causative agents of supernatural complaints by the majority of a healer's clients, the work offers a penetrating analysis of the phenomenon of witchcraft and witch possession, especially as related to the status of Nepalese women. Finally, it explores the contemporary relevance of tantra in today's Nepal and features, in addition, valuable suggestions regarding self-healing from the perspective of indigenous practitioners.

The author, *Angela Dietrich*, presents a veritable gold mine of information collected about tantric healing modes and materials. In the process, she rebuts the thesis that in the face of modernisation and westernisation tantric beliefs and practices are on the decline. On the contrary, she claims that due to the steady stream of migrants from rural areas bringing with them their own indigenous culture, coupled with the endurance of the Newar culture of the Valley, these beliefs and practices continue mostly unabated. The continuation of tantric healing is being, in addition, facilitated through the steady deterioration of living conditions due to the continuous increase in pollution and environmental degradation producing symptoms not amenable to normal medical treatment. Other pressures stem from the unprecedented and relentless stream of migrants into the Valley, and the widening gap between rich and poor, the latter being in the vast majority and comprising the main clientele of a healer. Thus, it is hardly surprising that, as her data stands, she has been able to demonstrate the continued prevalence of beliefs regarding witchcraft and the equally wide currency of spiritual healing practices cutting across such variables as caste, class, gender, ethnicity and education.

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ISBN 81-7303-177-0

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